ENDOMETRIOSIS OF THE ABDOMINAL SCAR FOLLOWING HYSTEROTOMY AND VENTRIFIXATION OF UTERUS WITH TUBAL LIGATION

(A Report of 4 Cases)

by

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Four cases of Scar endometrios are reported, 3 followed hysterotomy with tubal ligation and 1 folliwed ventrifixation of the uterus with tubal ligation.

CASE REPORT

Case 1

Mrs. S aged 36 years, para 5, presented on 21-4-80 with the history of painful nodules over the abdominal scar of 4 years duration which became more painful, bluish and enlarged during the menstrual cycle. She had hysterotomy with tubal ligation on 6-6-75, 10 months prior to the development of symptoms. She also complained of increasing dysmenorrhoea with menorrhagia for the same duration.

On local examination two small fixed firm nodules 3 x 3 cm and 2 x 1 cm were found in the middle of 3" long scar. The skin over the nodule was bluish black. On the basis of history and clinical examination diagnosis of scar endometriosis was made. On 28-4-80 excision of the nodules alongwith the covering skin was done under local anaesthesia. The nodules were found infilterating the rectus muscle and sheath but not the peritoneum. The cut surface of one of the nodule showed areas of haemorrhage and small cystic areas filled with blood. Microsection showed squamous stratified epithelium beneath which there was lot of fibrocollagenous tissue with few muscle bundles, scattered among the fibrocollagenous tissue were small island of endometrial tissue composed of glands and stroma, lumina of many glands were filled with blood. Around many of the glands areas of haemorrhage could be appreciated with many phagocytic cells laden with haemosidrin. Broad bundles of fibrocollagenous tissue separated these cystically dilated glands.

Patient reported for check up after 4 months on 30-8-80 and was symptom free. Local examination revealed normal scar.

Case 2

Mrs. K aged 23 years Para 3 reported on 10-1-81 with complaint of painful swelling over the abdominal scar for 4 months following hysterotomy with tubal ligation on March 1979. She also complained of menorrhagia with dysmenorrhoea for the same duration. On local examinatioi there were two small nodules 2 x 1 and 1 x 0.5 cm in the lower part of the scar. The skin over the nodules was bluish black. On vaginal examination uterus was normal in size.

On 17-1-81 deep excision of the nodules was

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Accepted for publication on 24-2-82.

done under general anaesthesia alongwith curettage. The nodule was fixed to the rectus sheath and muscle. The excised nodular mass was firm to soft in consistency measuring 1.5 x 1 x 0.5 cm and 1 x 1 x .05 cm. The cut surface was greyish white and smooth. Microsection showed subepithetial stromoglandular tissue embedded in fibrocollagenous scar. The glands at places were very well defined and markedly dilated and cystic while at other places these were spares and not well defined.

Patient reported on 5-9-81 with history of recurrence of a small nodule over the scar. On examination, a small nodule 1 x 0.5 cm was found over the lower part of the scar. Again excision was advised but the patient was reluctant for surgery. She was put on oral progesteron. She reported on 3-12-81 without any decrease in the size of the nodule and no relief in local symptoms, though menorrhagia and dysmenorrhoea was relieved. She, however, again refused for surgery.

Case 3

Mrs. B aged 48 years para 4 reported on '-2-80 with complaints of painful nodule over the scar of hysterotomy with tubectomy for the past 2 years six months after the operation. She also complained of clinical bleeding from the scar. On local examination, a diffuse nonpulsatile swelling 3 x 2 cm was found over the lower end of the scar. There were two small punctuate haemorrhagic holes over the scar and the skin over the nodule was brownish black. She was diagnosed as a case of scar endometriosis and was advised excision for which the patient refused. She was put on oral progesterone for 6 months. She reported on 1-9-80 without any relief but again refused surgery.

Case 4

Mrs. K. aged 23 years para 3 reported on 24-5-82 with history of painful nodule over the abdominal scar for 17 years, after 3 years of abdominal tubectomy with ventrifixation of the uterus done 20 years back. She also complained of cyclical bleeding from the nodule for the same duration. Her last child birth was 25 years back. On local examination a fixed tender, nonpulsatile nodule 2″ x 1″ was found over the lower part of the scar. The skin over the nodule was discoloured and there was pinpoint hole from which the blood was oozing On bimanual examinaton uterus was bulky, firm and was fixed to the anterior abdominal wall scar.

Deep and wide excision of the scar alongwith the nodule was done on 31-5-82 under general anaesthesia. The nodule was fixed to the rectus sheath and muscle only but the peritoneum had to be opened. The body of the uterus was released from the scar and both the round ligaments were plicated. There was no evidence of pelvic endometriosis. Microsection showed squamous stratified epithelium beneath which there were islands of markedly cystic glands filled with mucin, stroma was ill defined containing many phagocytic cells laden with haemosidrin.

Patient developed haematoma of the abd. wall in the post-operative period which was drained and bleeding point ligated on 17-6-82. Patient was discharged on 13-7-82. Progesteron does not seem to have any effect. Surgery appears to be the only form of treatment.