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Surgical Scar Endometriosis After Abdominal Myomectomy: A Case Report

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ABSTRACT

Endometriosis is a persistent gynecological disorder defined by the existence of functioning endometrial glands and stroma beyond the uterine cavity. Globally, estimates suggest that 10–15% of all women of reproductive age are affected by endometriosis. Surgical scar endometriosis is a rare condition that presents in patients after cesarean section or myomectomy, where the endometrial tissue implants in the surgical scar. We present the case of a 35-year-old female complaining of cyclical abdominal pain, oozing dark red blood from the surgical site, and a lump on the left side of a Pfannenstiel incision. She had undergone myomectomy one year ago.

Keywords: Endometriosis, myomectomy, surgical scar, Pfannenstiel

INTRODUCTION

Endometriosis is a persistent gynecological disorder defined by the existence of functioning endometrial glands and stroma beyond the uterine cavity. It impacts between 10–15% of women of reproductive age worldwide. The disorder may manifest in endo pelvic sites, including the ovaries, uterosacral ligaments, ovarian fossa, and pouch of Douglas, as well as in extra-pelvic areas such as the abdominal wall, groin, perineum, kidneys, lungs, and pleura. Extra-pelvic endometriosis, albeit uncommon, predominantly occurs in surgical scars resulting from cesarean sections, myomectomies, hysterectomies, or tubal ligations, when endometrial tissue is implanted.

CASE REPORT

A 35-year-old nulligravida with a history of abnormal uterine bleeding secondary to uterine fibroids underwent a myomectomy one year before presentation for both fertility enhancement and symptom relief from heavy menstrual bleeding. She presented one year postoperatively with complaints of pain and swelling over the left side of the Pfannenstiel incision site, accompanied by oozing of dark red blood from the lesion during her menstrual periods. The pain was described as cyclical, beginning a few days before the onset of menses, peaking during menstruation, and subsiding a few days after the cycle ended. The swelling progressively enlarged and was accompanied by cyclical pain during menstruation.

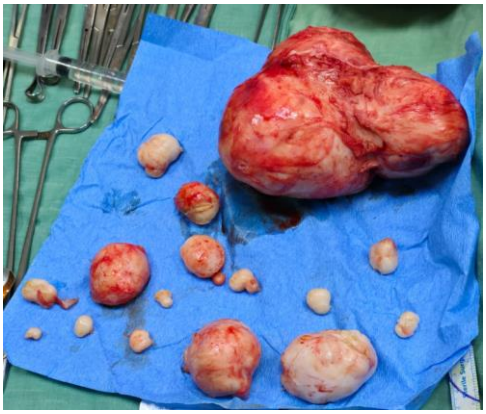

Fig 1: **Eighteen Uterine Fibroids removed during myomectomy surgery**

PHYSICAL EXAM

A healed Pfannenstiel incision was noted, accompanied by a 3 × 2 cm firm, non-mobile, painful mass situated on the left side of the scar. Dark red blood was oozing from the lesion.

Ultrasound assessment identified a heterogeneous lesion with internal vascularity inside the subcutaneous tissue at the location of the Pfannenstiel scar, findings indicative of scar endometriosis.

LABORATORY RESULTS:

Hemoglobin: 13g/dl**,** Platelet 450,000**, B-**HCG: Negative.

A diagnosis of scar endometriosis was established through clinical assessment and imaging results.

MANAGEMENT AND FOLLOW-UP:

The patient received conservative management with medical therapy, including hormone suppression, leading to symptomatic enhancement.

At follow-up, the patient had experienced amenorrhea for three months and reported no recurrence of swelling or bloody discharge from the surgical scar during this period.

DISCUSSION

Surgical scar endometriosis is a rare condition with an incidence of 0.03 - 0.4% after cesarean section and 1.08 - 2.0% after hysterectomies.

The most common theory of why this occurs is the iatrogenic implantation of the tissue in the scar. The most common symptom is cyclic pain that would worsen at menstruation. In occasion a lump is palpated and can increase in size during the menstrual cycle.

It is a diagnosis that can be mistaken for incisions hernia, hematoma and abscess.

An ultrasound or magnetic resonance imaging (MRI) can be used as diagnostic imaging and would reveal a heterogeneous mass at the surgical scar however gold standard diagnosis is excision of the lesion and microscopic (histopathology) examination which identifies the endometrial glands and stroma.

CONCLUSION

Surgical scar endometriosis remains an enigma. The exact cause is yet to be determined.

It can be a diagnostic pitfall, mimicking other conditions, and a high index of suspicion is needed for a prompt diagnosis.

Declaration by Authors

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