

EXCISION OF ABDOMINAL WALL ENDOMETRIOMA DURING CAESARIAN SECTION CASE REPORT

Steriu Liliana¹, Iordache Ionut Eduard¹, Baltatescu Gabriela¹, Mocanu Diana¹

¹ Emergency County Clinical Hospital of Constanta "Sf. Ap. Andrei", Constanta, Romania

Liliana Steriu

Emergency County Clinical Hospital of Constanta "Sf. Ap. Andrei",
Tomis Str. 145, 900591, Constanta, Romania
email: lilianasteriu@yahoo.com

ABSTRACT

Endometriosis is a frequent disease in women at reproductive age and is defined as functional endometrium located other place than uterus. The abdominal wall is an uncommon site of extrapelvic endometriosis. It usually occurs in a previous surgical scar. We present a case of a 31 years old, gravida, secundipara who was admitted with painful uterine contractions and abdominal wall endometrioma. During the caesarian section we also practice the excision of endometrioma.

Keywords: abdominal wall endometrioma, endometriosis, scar

Introduction

Although endometriosis is a common pathology in women of childbearing age, the abdominal wall endometrioma is a rare condition and occur in abdominal wall scar after caesarian delivery or other surgical interventions that open the uterus (1).

This pathology may be difficult to diagnose, but in patients with a palpable mass related to a surgical scar after caesarian or violation of uterus is usually sufficient to make correct diagnosis of endometrioma (2).

The imagistic tools that are helpful to diagnose abdominal wall endometrioma are

ultrasound, magnetic resonance image and computed tomography. The definitive diagnosis is histopathological examination. Surgical excision is the standard treatment (3).

The incidence of abdominal wall endometrioma is 0,03-3,5% (3).

Case report

In 2019, a 31 years old woman, gravida, secundipara, 39 weeks of gestation, was admitted to hospital complaining of painful uterine contractions and the presence of an abdominal wall mass located to surgical scar. She first delivered 5 years ago by caesarian.

From her medical history we found out that the abdominal mass first appeared 2 years ago. Out of pregnancy, the mass had all the characteristics of abdominal wall endometrioma, but, during the pregnancy, reduced its size and it even became painless.

The actual pregnancy was supervised according to current standards.

At inspection, the size of the tumor is about 1,5 cm, like an iceberg.



Figure 1. The tegumentary expression of abdominal wall endometrioma



Figure 2. The tegumentary expression of abdominal wall endometrioma

The patient deliver by caesarian section a female, with a weight of 3300 g, Apgar Score 10.

During the same surgical intervention, we have to practice abdominal wall tumorectomy to close the abdomen wall. The tumor had larger sizes than expected. It was 4 cm long and 3 cm wide and was located in the right abdominal muscle and its fascia.

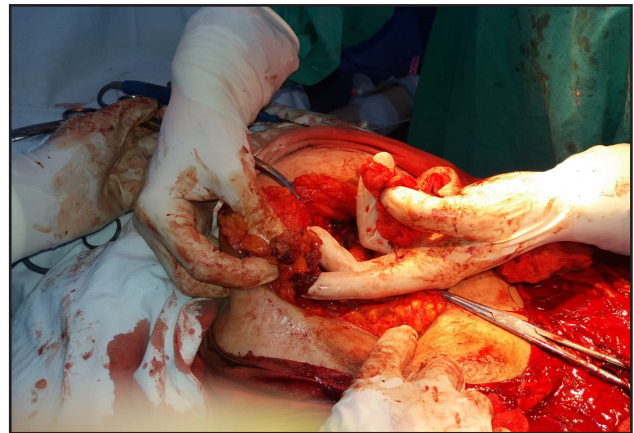


Figure 3. The abdominal wall endometrioma excision.



Figure 4. The abdominal wall endometrioma excision.

The tumor was histopathological examined. Microscopical features of endometriosis were found through the striated muscle fibers of the rectus abdominus muscle. Morphological features of an endometriosis focus in the connective and adipose tissue of the abdominal wall surrounded by fibrosis and areas of hemorrhage were also found. Some endometrial glands of the endometriosis were compressed by surrounding decidualized stroma with moderate, diffuse infiltrate of hemosiderin-laden macrophages.

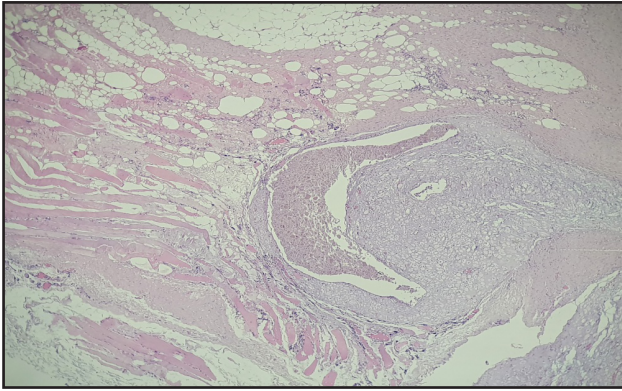


Figure 5. Microscopic features of endometriosis infiltrating through the striated muscle fibers of the rectus abdominus muscle (HE. stain, Ob. x40).

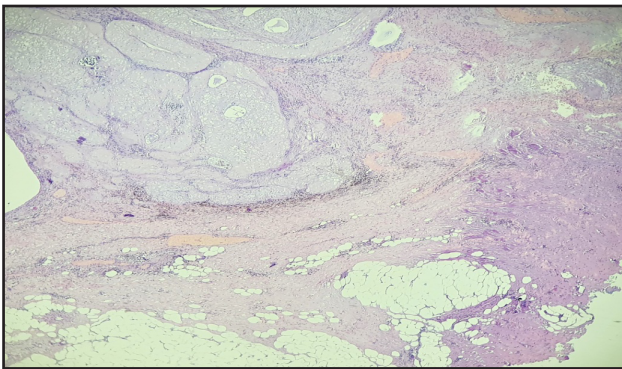


Figure 6. Morphological features of an endometriosis focus in the connective and adipose tissue of the abdominal wall surrounded by fibrosis and areas of hemorrhage (HE stain, Ob. x40).

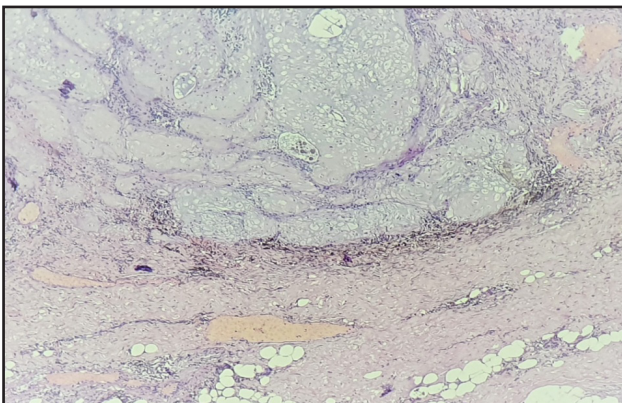


Figure 7. Some endometrial glands of the endometriosis are compress by surrounding decidualized stroma with moderate, diffuse infiltrate of hemosiderin-laden macrophages (HE. Stain, Ob. x100).

Results

The postoperative evolution was favorable and the patient has been discharged the second day.

The histopathological examination confirmed the diagnosis of endometriosis and the location in the right abdominal muscle and its fascia.

The evolution of the wound was towards healing. Six months after caesarian, the scar was supple, cured, no signs of relapse.



Figure 8. The scar after six months from delivery

Discussions

Endometriosis is a common condition of a woman of childbearing age defined by the presence of active endometrial tissue outside the uterus, including the uterine muscle, called adenomyosis or right abdominal muscle called abdominal wall endometrioma.

The incidence of adenomyosis is difficult to quantify, even with imaging methods.

The incidence of abdominal wall endometrioma is rare in Europe, about 0,03-3,5% (3).

Common clinical manifestations that occur in abdominal wall endometrioma are cyclic abdominal pain associated with the presence of abdominal wall mass (3).

The differential diagnosis of abdominal wall endometrioma is: incisional hernia, hematoma, granuloma, abscess or various soft tissue tumors; therefore, a definitive preoperative diagnosis is not always easy to determine in every case (4).

According to the literature, the recurrence of abdominal wall endometrioma at same place after excision is rare. Its incidence is between 0,5 to 2% of the previously diagnosed cases, depending on the studies reviewed (5). However, the recurrences rates could reach 29% according to a systematic review by Horton et al. (6).

Conclusions

Although endometriosis is a common pathology in women of childbearing age. The

abdominal wall endometrioma was a rare condition, but nowadays, with the increase rate of caesarian sections, it became quite frequent. The abdominal wall endometrioma size was smaller at clinical inspection than intraoperative.

Acknowledgments

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