

Presentation, diagnosis and management of a relatively rare presentation of Caesarean scar Endometriosis: A case report.

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BACKGROUND

Caesarean section Endometriosis (CSE) is the implantation of endometrial tissue in a uterine incision made during a previous caesarean section (CS).



AIMS

To understand the incidence, presentation and management of CSE.



CASE

A 42-year-old female presented with a 3-year history of cyclical pain and bleeding within her CS scar, usually around her menstrual periods. She had 2 uncomplicated CS in 2016 and 2018 respectively.

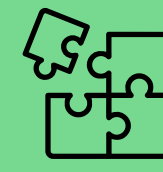
On examination, a 3cmX2cm non-fluctuant, firm, indurated, swelling on left side of scar with a bluish hue on the top.

Pelvic USS showed a heterogenous hypoechoic irregular area seen in the abdominal wall deep to skin with mild vascularity measuring 15x13x12mm. A COGU showed 12mm myometrial thickness at the scar. She opted for a surgical excision.



RESULT

Excision of a 2 cm nodule cyst with chocolate fluid expelled superior to the left side of the CS scar and a 4x4cm lesion beneath involving subcutaneous tissue and skin without involvement of the rectus sheath. Histology confirmed sections of fibrous and fatty tissue containing deposits of endometrial glands and stroma consistent with endometriosis.



DISCUSSION

CSE is a relatively rare complication of CS. Risk factors include multiple caesarean sections, trauma, disruption or delayed healing during the CS postoperative time allowing for endometrial cell implantation into scar tissue, and presence of endometriosis in other pelvic locations in women with a history of Endometriosis. Diagnosis involves a combination of clinical evaluation, imaging and biopsy results.

Treatment may involve pain management, hormonal therapy for reduction of endometriosis symptoms and surgical excision.

