



**CASE REPORT OF EPISIOTOMY SCAR ENDOMETRIOSIS.**

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**Abstract :**

Endometriosis is defined as the presence of endometrial tissue apart from its usual location (endometrium). It is the second most prevalent benign gynaecologic disease in women of child bearing age (incidence of 10-25). Endometriosis predominantly located on peritoneal surfaces, but also affects the vagina, vulva, recto-vaginal septum and perineum, usually secondary to surgical or obstetric trauma. We present a case of a patient with perineal endometriosis who presented with vulvodynia and perineal swelling in the scar of episiotomy within 2 years of childbirth. Excision of endometriotic nodule was done and histopathological examination confirmed scar endometriosis. Surgical outcome was successful and the patient was asymptomatic during subsequent menstruations and there was no recurrence.

**Keyword :** Scar endometriosis, episiotomy, menstruation.

**INTRODUCTION:**

Endometriosis is a disease characterized by the presence of endometrial glands and stroma outside the uterine cavity. It is one of the most common conditions requiring surgery for women during their reproductive years. The most common sites of endometriosis are in the pelvis (ovaries, uterosacral ligaments, cul-de-sac, rectosigmoid colon). Less common are surgical incisions, vulva, vagina, perineal sites. The precise etiology and pathogenesis is unknown.

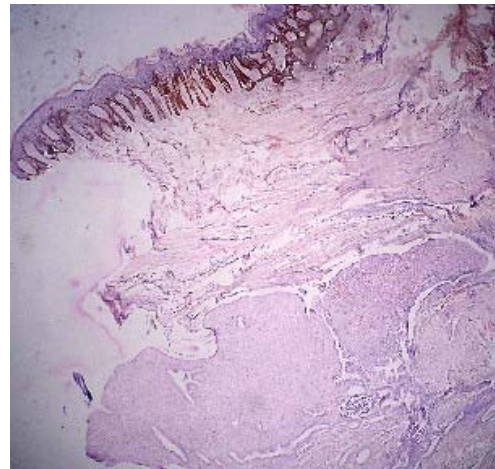
**CASE REPORT:**

A 22-year-old female presented with complaints of pain over the perineum for past 1½ years and swelling over the perineum for past 1 year. There was cyclical pain during menstruation and progressive increase in size of the mass during menstruation. She had one vaginal birth with mediolateral episiotomy 2 years back. Postnatal period was uneventful. There was no significant medical or surgical illness in the past. Menstrual cycles were regular, associated with dysmenorrhoea for first 2 days.

During physical examination her vitals were stable. Examination of cardiovascular and respiratory system was normal. Local examination revealed an indurated firm swelling of size 3x3cms in episiotomy scar site (figure 1). No warmth or tenderness. No discharge or bleeding from the mass. Per speculum examination cervix healthy and Per vaginal examination- cervix pointing downwards, uterus anteverted, normal size fornices free. Per Rectal examination-Rectal mucosa was free, no nodules felt, uterus normal in size and sphincter tone was normal. Basic blood investigations were done. USG revealed soft tissue mass in right perineal region. USG pelvis - no pelvic pathology. Surgical excision of scar endometriosis done under total intravenous anaesthesia. An elliptical incision was made over the skin encircling the mass. Swelling excised enmass and dead space obliterated by tiers of sutures. Histopathological examination of mass revealed structure of skin with dermis showing Endometrial glands, and stroma which confirmed scar endometriosis. (figure 2). Postoperative period was uneventful. Patient was discharged on 6th postoperative day. On follow up for a period of 10 months there was no recurrence .



**fig-1 Episiotomy scar endometriosis**



**fig-2 Slide showing dermis with endometrial glands&stroma of scar endometriosis**

#### DISCUSSION:

SCHICKELE was the first to report a case of perineal endometriosis in 1923. Extra pelvic endometriosis is rare with incidence of 1to2%. Regarding the origin of the nodule, it is likely to have been the result of direct implantation during vaginal birth. Several other theories of causation were also reported. Incidence of episiotomy scar endometriosis is lesser than abdominal scar endometriosis <sup>1</sup>. PAULL reported scar endometriosis in episiotomy who underwent curettage following delivery <sup>2</sup>. Majority of scar endometriosis reported were after obstetric or gynaecology procedures such as caesarean section, hysterotomy, hysterectomy, episiotomy, tubal ligation, following laparoscopic trochar tract, and amniocentesis needle tract <sup>3</sup>. Incidence of scar endometriosis following hysterotomy is 1.08 to 2%. After caesarean section it is 0.03 to 0.4%. Reason for higher incidence after Hysterotomy has been given as early decidua has more pluripotential capabilities and can result in cellular replication

producing endometriosis. Perineal endometriosis symptoms are related to inflammation, obstruction or bleeding. Histological diagnosis of endometriosis usually requires two of the three features. Presence of endometrial glands, stroma and hemosiderin pigment. Simultaneous occurrence of pelvic endometriosis with scar endometriosis is infrequent. Time interval from surgery and endometriosis varies from 3 months to 10 years in different series <sup>4</sup>. Preoperative diagnosis is difficult. Diagnosis is made mainly by clinical symptom correlating with menstruation. Transperineal USG showed hypo echoic mass with scattered internal echoes.

According to literature, a wide surgical excision is the best choice of treatment in perineal endometriosis. If there is perineal endometriosis with sphincter involvement wide resection with sphincteroplasty can be done. Incidence of Malignancy is only 0.3% to 1% in scar endometriosis with Clear cell carcinoma as the most common type of histology. Twenty month survival rate is only 57% <sup>5</sup>. Frequent recurrence of endometrioma may indicate malignant degeneration of tumour <sup>6</sup>. Occurrence of malignancy in scar may vary from few months to more than 40 years <sup>6</sup>.

DOUGHERTY compared recurrence after extensive resection versus limited resection <sup>7</sup>. Liang recounts six cases in which those who received surgical treatment associated with medical treatment did not suffer recurrences versus those that only benefited from surgery <sup>8</sup>. **CONCLUSION:** Endometriosis should be suspected when there pain and swelling over the scar related to menstruation. However a definitive diagnosis may require surgical resection with histopathological confirmation. Understanding of scar endometriosis as a disease originating essentially during the period of delivery care may lead to rethinking of best practises relating to this period.

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