Extrapelvic Endometriosis: Two Case Reports

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Endometriosis is the growth of endometrial cells outside the uterine cavity. Most common localizations are pelvic organs and peritoneum. Endometriosis mostly affects women in their reproductive years. After surgery it can be seen on the abdominal wall. This article includes two patients, one has abdominal wall endometriosis and the other has inguinal endometriosis. Both of them had surgical excision without recieving any medical treatment.

Keywords: Rectus abdominis muscle endometriosis, Inguinal endometriosis, Surgical excision of endometriosis

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Introduction

Endometriosis is a disease of the uterus with displacement of functional endometrium tissue outside of endometrium. Symptoms of endometriosis are dysmenorrhea, dyspareunia, chronic pelvic pain and infertility. Most common localization is pelvic cavity. Extrapelvic endometriosis is rare, but endometriosis can be seen in many tissues in the body. Endometriosis of rectus abdominis muscle and inguinal canal are rare localizations for endometriosis.[1,2] This article talks about two case reports which are located in these two rare localizations.

Case Report

42 years old female gravida 3, parity 1, she had a history of myomectomy 5 years ago, had normal menstrual cycle, came to the hospital with abdominal pain in the umblicus, started 5 days before her period. The patient physical examination was normal and tumor markers were in the normal range. Abdominal USG showed us an endometriotic implant located 3 cm below umbilicus laterally (Figure 1) which was confirmed with MRI.

Second patient is 31 years old female gravida 0, para 0, had normal menstrual cycle and dysmenorrhea, increased level of ca 125 (ca 125:68), whose pelvic USG showed us bilateral endometriosis, had no surgical history and had bilateral inguinal hernia. The patient had operation of both L/S cystectomy and inguinal hernia repair by general surgeons respectively (Figure 2). Laparoscopy revealed a 4 centimeter simple follicular cyst in right ovary which was identified as endometrioma at previous ultrasound examination. Pathology report confirmed the mass as endometriosis.

These two extrapelvic endometriosis cases are discussed below with article.

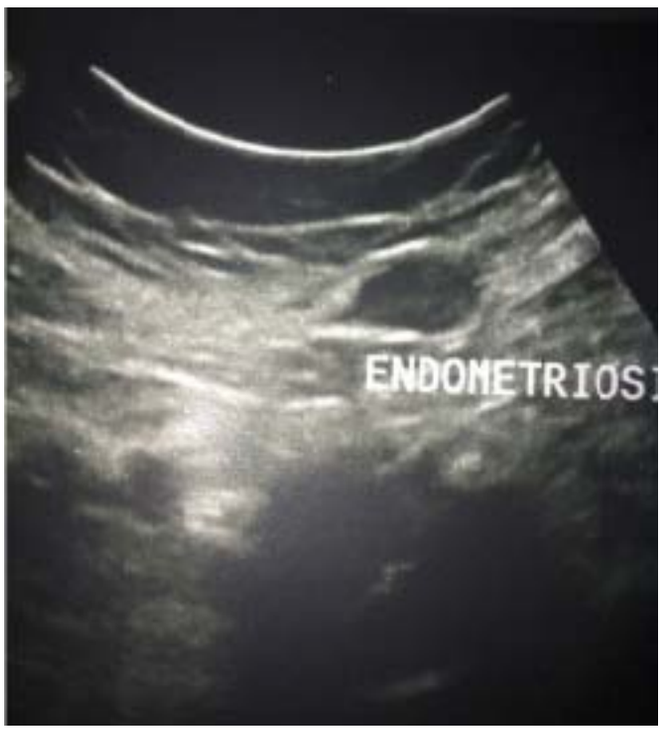

Figure 1: Abdominal ultrasonographic examination demonstrates endometriotic implant located 3 cm below umbilicus laterally

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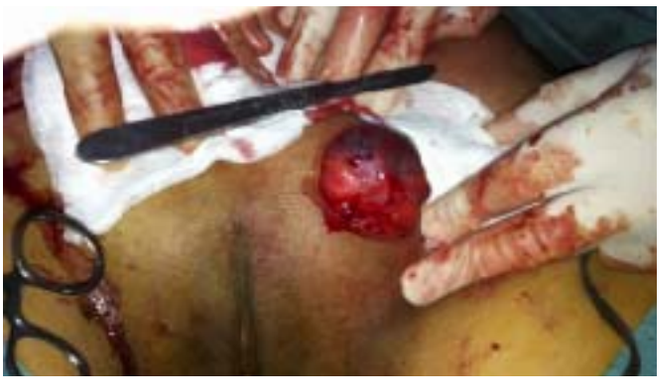

Figure 2: The patient had operation of both L/S ovarian cyst extirpation and inguinal hernia repair

Discussion

Endometriosis is a common gynecological disease of the uterus with displacement of functional endometrium tissue outside of endometrium which affects 8-15% women of reproductive ages.[3] Diagnosis and severity of symptoms increase with age. Endometriosis is mostly seen in women aged around 40 years. Extrapelvic endometriosis is %9 of all reported endometriosis cases. Abdominal wall endometriosis which is a subtype of extrapelvic endometriosis is 4% of external endometriosis and reported at surgical scar areas.[4,5]

Extrapelvic endometriosis cases are going to a hospital mostly with abdominal mass and abdominal pain. Medical history and physicial exam can support the diagnosis but the only accurate way of diagnosing endometriosis is histopathological examination.

There are few theories about endometriosis pathogenesis such as blood flow into abdominal cavity through tuba uterina during menstrual cycle, cells relocating using lymphohematogen route and proliferating there, genetic tendency to coelomic metaplasia. Scar endometriosis is thought to be occured iatrogenicl auton transplantation of cells during surgery.[6,7]

Neuroma of abdominal wall, lymphoma, desmoid tumors, sarcomas must be thought for differential diagnosis. Screening methods such as USG, CT and MRI are helpful for diagnosis. Surgical excision is an effective way for treating scar endometriosis and abdominal wall endometriosis. To prevent reccurrence excised mass must include at least 1 cm disease free tissue.[7,8] After operation if there is no residue there is no need for another treatment but patients must come for follow up increase of pelvic endometriosis.[5,9] For pelvic endometriosis treatment medical treatment (combined oral contraceptives, progestins, danasole, gestrinone, GNRH analogues, anastrasole) is the first choice. NSAIDs may be used for symtoms.[7,8] Surgery is the other treatment way for non responsive cases to medical treatment.[8] In conclusion female patients who has abdominal wall mass must be questioned for past gyno-surgical history and endometriosis must come to mind. For differential diagnosis screening methods may be used. For treatment excised mass must include at least 1 cm disease free tissue.

Ekstraperitoneal Yerleşimli Endometriozis: 2 Ayrı Olgu Sunumu

Endometriyal dokunun uterus dışında yerleşimi endometriozis olarak tanımlanmaktadır. Pelvis organları ve periton en sık lokalize olduğu yerlerdir. Bu yazıda, karın duvarında ve inguinal kanalda saptanan 2 ayrı endometriozis vakası sunulmuştur. iki olguda da medikal tedavi verilmeksizin cerrahi eksizyon gerçekleştirilmiştir. Ekstrapelvik endometriozis olguları en sık karın duvarında kitle ve karın ağrısı şikayetleri ile hekime başvurmaktadır. Öykü ve fizik muayene tanıyı desteklemekle beraber kesin tanı ancak histopatolojik inceleme ile konmaktadır. Batın duvarında kitle ile başvuran kadın hastalarda geçirilmiş jinekolojik ameliyatlar iyi sorgulanmalı ve endometriozis akla gelmelidir. Ayırıcı tanı için görüntüleme yöntemlerinden faydalanılmalıdır. Tedavisinde 1 cm sağlam dokuyla birlikte çıkaracak şekilde cerrahi eksizyon uygulanmalıdır.

Anahtar Kelimeler: İnguinal kanal endometriozisi, Ekstrapelvik endometriozis, Endometrioma cerrahi rezeksiyon

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