



### **Rare Case of Caesarean Scar Cystic Endometriosis**

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### **Abstract**

*Caesarean scar endometriosis is a rare form of endometriosis. The condition has an incidence of 0.03%–0.4%. It may cause abdominal swelling and pain with cyclic changes during menstruation. We present a case of a lady who had two caesarean sections and started having pain in her caesarean scar five years after her last caesarean section. Ultrasound aided the diagnosis and was treated successfully by surgical excision. Her histology showed cystic endometriosis. This case report highlights the importance of early diagnosis and treatment of scar endometriosis before it starts affecting the quality of life, and also sheds light on the importance of confirming the diagnosis by histology as a malignant transformation has been reported although it remains rare.*

**Key Words:** *Endometriosis, Caesarean scar endometriosis.*

### **Introduction**

Caesarean scar endometriosis (CSE) is a rare form of endometriosis. The condition has an incidence of 0.03%–0.4%. It may cause abdominal swelling and pain with cyclic changes during menstruation. Scar endometriosis typically results from the implantation of normal endometrial tissues after gynecological or obstetric surgeries. Malignant transformation has been reported but it remains rare. [3]

### **Case Presentation**

We report a case from Dubai, United Arab Emirates. The patient previously had two caesarean sections. She presented with lower abdominal. The pain was more severe during periods but was persisting for most of the days of the month. On examination, there was tenderness in the lower abdomen at the caesarean scar site but there was no swelling. Symptoms started five years after her second caesarean section. And very soon she started feeling that her persistent pain and tenderness in her lower abdomen is affecting her quality of life and her daily routine activities were affected. Ultrasound of the abdominal wall showed a cystic lesion on the rectus sheath on the right of the midline. Ultrasound was performed 12 months before surgery See figure 1&2



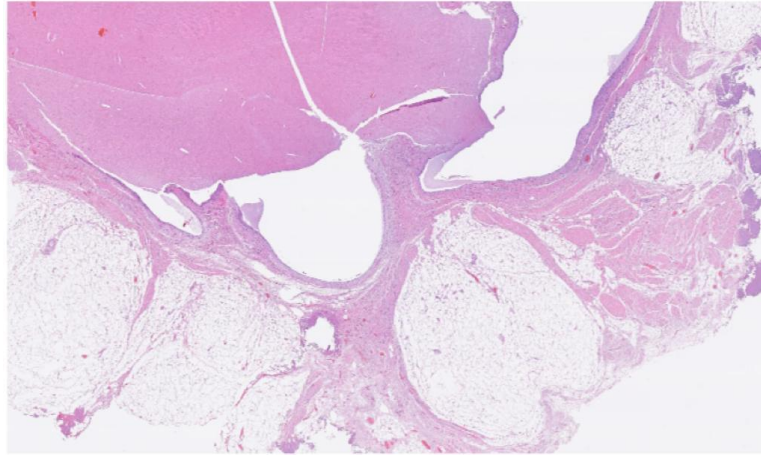
**Figure 1.** Arrow pointing endometriotic lesion



Measuring 1.44cmx1.13cmx1.59cm

**Figure 2.** Arrow pointing endometriotic lesion

Given the patient's wishes, a non-surgical approach was chosen, with initially oral Contraceptive pills and later with Mirena Intra uterine system, but her symptoms didn't improve. And after a discussion with the patient regarding surgical management, a decision was made to excise the lesion. Operative findings showed that on the right side of the caesarean scar, a 3cm cystic lesion was seen which was strongly adherent to the rectus sheath. The lesion was removed along with part of the rectus sheath as it was not possible to remove the swelling completely without excising part of the rectus sheath. Histology revealed cystic endometriosis, hemorrhage, and inflammation. No atypical nor malignant changes were seen. (See figure 3) The patient was examined in the Department of Obstetrics and Gynecology and did not find any recurrence in the first 2 years of follow-up.



**Figure 3.** Histology showing cystic endometriosis.

### Discussion

For patients who develop endometriosis, the majority of them had undergone a Pfannenstiel incision, and a minority had a vertical midline incision. [1] The imaging modality of choice for diagnosis is ultrasonography. The differential diagnosis can be hematoma, granuloma, desmoid tumour. Histology is the assurance of diagnosis. It is satisfied if endometrial glands, stroma, and hemosiderin pigment are seen. The incidence of concomitant pelvic endometriosis with scar endometriosis has been reported to be from 14.3% to 26%. [2]

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