

## Episiotomy scar endometriosis: A case report

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### ABSTRACT

A 30 yrs old lady with previous two live births presented with cyclical pain in the perineum for one year. First child was delivered with RML episiotomy ten years back. Local examination revealed tiny pin head bluish areas in the episiotomy scar with a tender palpable nodule. Surgical excision done and biopsy confirmed scar endometriosis.

**Keywords:** Scar, endometriosis, surgical excision.

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Episiotomy scar endometriosis is a condition where there is ectopic functional endometrial tissue in the scar of episiotomy following vaginal delivery. Ectopic endometrial tissue is also found in different laparotomy scar more so after hysterotomy and Caesarian section. Extrapelvic endometriosis is a rather uncommon disease affecting approximately 12% of all cases [1] and most common extrapelvic type is surgical scar endometriosis [2]. Classical triad of clinical presentation is cyclical pain, mass and previous surgical incision. Episiotomy scar endometriosis is fairly rare site of scar endometriosis more common being abdominal scars. Considering the rarity of such cases the following case is presented.

Mrs. M B 30 yrs old lady mother of two children came with history of pain in the episiotomy scar and peri-anal area which was gradually increasing in intensity and duration for one year. Pain was intense in last four months. Initially pain was after menses for 3-4 days but

duration was increasing by one day every month. At present her pain starts after menses and continues for 15 days since last 3-4 months.

She delivered her first child 10 yrs back with RML episiotomy followed by one more spontaneous delivery six years before. She also had one medical termination of pregnancy after her second delivery. Her menstrual history was normal and last menstrual period was 6days back.

On examination her pulse and blood pressure within normal range and systemic examination did not reveal any abnormality.

Locally on inspection there were few tiny bluish nodules in the vaginal mucosa in the area of RML episiotomy in lower 2cm area but perineal skin looked normal. On palpation a tender nodule was felt deep in perineal skin in episiotomy scar area. This nodule was around 2cm long and was best palpable on bimanual recto-vaginal palpation and was extremely tender. The tender nodule extended just below

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anal mucosa.

Clinically episiotomy scar endometriosis was diagnosed and she was prepared for surgical excision of the endometriotic nodule. Routine blood examination showed normal values and a surgeon was also present at the time of operation as it was thought that anal mucosal injury was a possibility because of the proximity of the lesion to the anal mucosa.

Excision was done under short general anaesthesia in 7th February 2006 and luckily there was no injury to the anal mucosa as the lesion just fell short of the anal submucosa. Wound was repaired with proper hemostasis. Skin closed with vicryl rapide.

Patient came for check up after next menstruation and this time this was painless and histopathology confirmed scar endometriosis. (Image)

#### **Discussion**

Interval between surgical procedure and development of symptoms is highly variable and may be as long as 20 yrs [3]. In this case it was ten years after first childbirth with episiotomy and six year after second childbirth without episiotomy. In this case patient came with classical symptoms and diagnosis was made on clinical ground although diagnosis was missed by surgeon and other gynecologists on several

occasions until she was seen by us. Currently accepted standard management of this kind of nodule is wide excision with 1cm margin and which usually cures the patient and the same was done here taking care of the sphincter. There are case reports where the lesion involves the sphincter if the condition is long lasting and surgical treatment may need wide excision and sphincteroplasty [4]. In this case we were lucky that she did not need any sphincteroplasty as the lesion just fell short of the sphincter. Surgical outcome was successful with painless subsequent menstruation.

#### **References**

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***Image. Biopsy picture of excised nodule showing endometrial glands with bleeding in the lumen***

