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Endometriosis of episiotomy scar: a case report

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Summary

Endometriosis is characterized by the presence of histologically normal endometrial glands and stroma outside the uterine cavity. Endometriosis predominantly locates on peritoneal surfaces, but it also affects the vagina, vulva, and perineum, usually secondary to surgical or obstetric trauma. Endometriosis in an episiotomy scar is a fairly rare phenomenon. The authors present a case of endometriosis in an episiotomy scar.

Key words: Endometriosis; Episiotomy; Scar.

Introduction

Endometriosis is characterized by the presence of histologically normal endometrial glands and stroma outside the uterine cavity. Ectopic endometrial foci are most commonly found in the pelvis but can occur in many other sites [1]. The authors present an extremely rare case of endometriosis in an episiotomy scar.

Case Report

A 32-year-old patient complaining of a painful mass in the vulva was admitted for surgical excision of the mass. The pain was cyclic in accordance with her menstrual periods. The size of the mass appeared to be larger during menstruation. She had been having this pain for three years and the intensity of the pain seemed to be increasing. She had a history of two normal deliveries with medio-lateral episiotomies; first was 14 years ago and the second was 10 years ago. She had uterine curettage after her second delivery due to postpartum bleeding. The mass was on the episiotomy site, palpable as a firm nodule two cm in diameter. The nodule was wide-excised with a safety margin under general anesthesia (Figure 1). The histopathology report confirmed a diagnosis of endometriosis (Figure 2).

Discussion

Von Rokitansky first mentioned endometriosis in 1860, but Sampson provided the first detailed description in 1921. The etiology and pathogenesis of endometriosis are still controversial [2]. Many theories have been proposed to explain this condition; the endometrium implantation theory, the coelomic metaplasia theory, the lymphatic and vascular metastasis theories, the mechanical transplant theory, the embryonic rests theory, and a recent hypothesis based on the relationship of local immune factors [3]. Perineal endometriosis is an infrequent lesion. The position of the lesions can be explained by mechanical transplantation of endometrial cells to open episiotomy scars, which supports the transport theory of this extrapelvic endometriosis. It is likely that by the direct implantation of endometrial cells during vaginal delivery, viable endometrial cells are implanted into the episiotomy wound and subsequent cell growth occurs at the healing phase of the wound [4]. In the present case, endometriosis in the episiotomy scar may have resulted due to transplantation and implantation of endometrium during the postpartum uterine curettage after her second delivery.

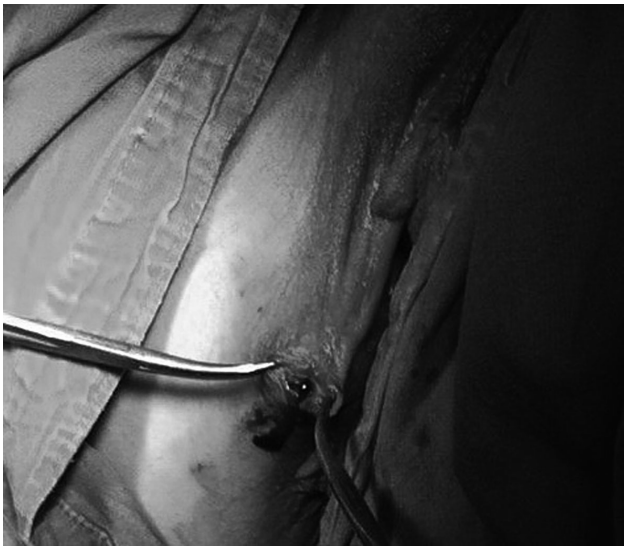

Figure 1. — Introperative status with endometriosis in the episiotomy scar.

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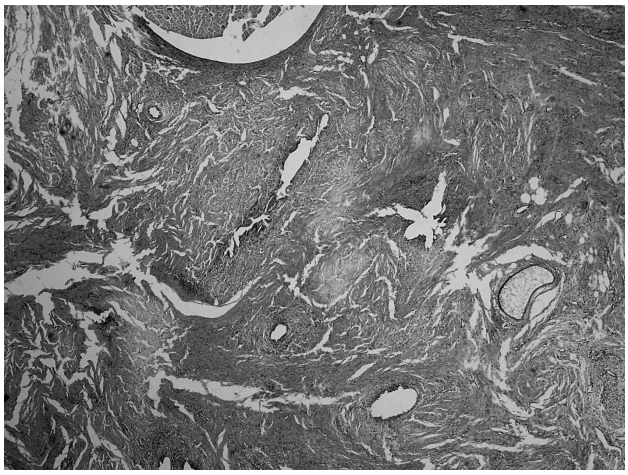

Figure 2. — Histology showing endometriosis in the specimen from the excised lesion; endometrial glands and stromal structures in the collagen tissue (Hematoxylin-Eosin, x100).

Diagnosis of the scar endometriosis is usually highly suggestive from the history and examination alone. The typical clinical presentation is a palpable firm nodule near a surgical scar accompanied by cyclic pain and swelling during menses attributable to the fact that endometrial implants behave like normal endometrium. The late onset of symptoms after surgery is the usual reason for misdiagnosis. The mean period between the procedure and symptoms are 5.72 years [5]. The present patient's complaints commenced seven years after her second delivery.

Treatment of scar endometriosis is surgical excision. It is recommended that the excision should include five mm of surrounding normal tissue at a surgical margin [6].

In conclusion, when a mass showing symptoms in accordance with the menstrual cycle is present in the episiotomy scar, endometriosis should be considered primarily and surgical excision should be planned.

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