




INTRODUCTION	OBJECTIVES	CASE REPORT	<div>    </div>	
<p>Endometriosis is defined as the presence of endometrial glands and stromal tissue outside the uterus, which is estrogen dependent. It is second most common benign gynecological condition.</p> <p>This causes chronic inflammatory process, As a result, it facilitates the release of prostaglandins from superficial lesions.</p> <p>Caesarean scar endometriosis is a uncommon surgical complication is seen to be on the rise, in parallel with the considerable increase of caesarean sections performed worldwide.</p>	<p>To present a rare case of caesarean scar endometriosis, to discuss the pathogenesis and symptomology to present the management condition.</p>	<p>abdomen & pelvis diagnosed with 6 weeks 5 days Gestational age, with SCAR ENDOMETRIOSIS of size 1.54x1.95CM. Advised continued pregnancy with close follow-up. She came to Surabhi OPD with 36weeks gestational age with scar endometriosis of 4x3cms.</p>	DISCUSSION	CONCLUSION
	CASE REPORT	TREATMENT	<p>Endometriosis is glands and stroma of the uterus grows in an aberrant heterotopic location. The pathogenesis of endometriosis is complex and CSE is believed to be the result of a mechanical iatrogenic implantation, through the fascia and/or subcutaneous tissue with endometrial cells during surgical intervention, which upon stimulation by estrogen, becomes active and expand. The Esquivel Triad comprised of a palpable mass, cyclic pain and a history of LSCS is diagnostic of CSE.</p>	<p>A thorough history and physical examination should always be performed in addition with help of imaging techniques and biopsies. Wide excision is the treatment of choice, HPE should be done to rule out rare possibilities of malignant transmission , follow up recommended.</p>
INCIDENCE	<p>A 30years lady G2P1L1 with 21weeks 3days GA. She had previous LSCS in 2021 for Cephalopelvic disproportion. Post delivery after 3 months her menstruation resumed with normal flow but later small swelling at caesarean section scar which gradually increased in size over a period, she had cyclical pain at scar site 3-4days prior to menstrual cycle and subsided as menstruation stopped. Later she was presented to OPD with 8 weeks of amenorrhea and UPT positive, advised USG</p>	<p>Further caesarean done in view of uncontrolled PIH in which while exploring left side of midline in Pfannenstiel incision blackish tissue of 5x4cms size was identified. Abnormal tissue was excised and sent for HPE study. Microscopy shows endometrial stroma & occasionally endometrial glands.</p>		
			REFERENCES	
			<p><i>Purbadi S, Purwoto G, Winarto H, Case report: Caesarean scar endometriosis – a rare entity: Int J Surg Case Rep, 2021; 85: 106204</i></p> <p><i>Esquivel-Estrada V, Briones-Garduno JC, Mondragon-Ballesteros R. Endometriosis implant in caesarean section surgical scar. Cir. 2004 ; 72 : 113-5</i></p>	