



## INTRODUCTION

1. [Endometriosis](#) is defined as a condition characterized by presence of functioning endometrial tissue in any site outside the uterine cavity.
2. Scar endometriosis, also called as incisional [endometrioma](#), a rare form of extra pelvic endometriosis, occurs in those [incisions](#) where the endometrial tissue might come into contact.
3. The [cesarean section](#) scar is the most common site of scar endometriosis.
4. The incidence has been estimated to be only 0.03% to 0.15%.
5. The incidence has been increasing due to increase in rates of cesarean section.

## AIMS / OBJECTIVES

**Aims:** To raise awareness about Caesarean Scar Endometriosis  
To investigate the diagnosis, treatment, and management of CSE.

**Objectives:** To identify the clinical presentation and symptoms of CSE.  
To evaluate the diagnostic accuracy of imaging modalities (e.g., ultrasound, MRI) in detecting CSE.

## MATERIALS / METHODS

A 25-year-old female patient, P2L2 with 2 previous LSCS , tubectomised came with complaints of pain at the site of caesarean scar more towards left side and at umbilical region since 1 year. The pain was pricking type, non radiating, intermittent, aggravated on doing work. On general examination patient was normal .On abdominal palpation, revealed 3x2 cms mass palpable below the umbilicus on left side. Per vaginal examination was normal. Ultrasonography (USG) revealed small hypoechoic lesion in left rectus muscle measuring 3×1.5× 1 cm in subumbilical region.



## RESULTS

Injection DMPA 150 mg IM given 3 months back but patients symptoms didn't subside. Patient counselled for Excision of scar endometriosis

### Intra op :

- ✓ Under spinal anesthesia, vertical incision of 3 cms given on the mass.
- ✓ A 3x2 cms firm reddish mass noted between rectus sheath and underlying rectus muscle.
- ✓ wide local excision was performed and sent for HPE.
- ✓ Skin closed with vicryl in subcuticular manner.
- ✓ Post-operative period was uneventful.
- ✓. HPE of excised tissue revealed endometrial glands and stroma is present in the deep dermis. Follow-up visits at 2nd and 6th months revealed the patient to be asymptomatic with well-healed scar.

## DISCUSSION

Scar endometriosis involving the abdominal wall is uncommon. Endometrioma developing in CS scar tissue can be explained on the basis of theory of transportation. Major factor attributed to be responsible for endometrioma development is inadvertent inoculation of endometrial tissue into the incision site.

## CONCLUSION

Medical management of Caesarean Scar Endometriosis with Dienogest or DMPA provides temporary symptomatic relief. However, it does not reduce the size of the lesion. The treatment of choice is surgical management with wide excision of the disease with 1 cm clear margins.

## REFERENCES

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2. Chatterjee S.K. Scar endometriosis: a clinicopathological study of 17 cases. *Obstet Gynecol.* 1980;56(1):81–84. [[PubMed](#)] [[Google Scholar](#)]