Severe Case of Cutaneous Endometriosis

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Summary

A 32-year-old woman gravida 3, para 3 with a surgical history of 3 cesarean sections presented with a 3-year history of pain and cyclic bleeding from her Pfannenstiel incision scar. Her abdominal pain was incapacitating, with multiple syncopal episodes. On examination, we noted a large and painful abdominal mass (Fig. 1). A presumed cutaneous endometriotic implant was suspected. Computerized tomography revealed a soft tissue density measuring 13 × 3.4 cm in the lower anterior abdominal wall. The patient underwent an operative excision of presumed cutaneous and subdermal endometriosis (Fig. 2). The disease was ubiquitous in the subcutaneous layer, distorting the normal anatomic architecture of the lower abdomen, but did not extend into the rectus fascia. The resected area was approximately 7 × 10 cm in size. The extensive dissection created a defect within the anterior rectus sheath and a portion of the rectus abdominis muscle. This was repaired with an external oblique muscle advancement flap. Scar revision...
Fig. 2
Operative excision of cutaneous and subdermal endometriosis.

Fig. 3
Postoperative photograph immediately after surgery.
was meticulously performed (Fig. 3). The postoperative course was uneventful. The microscopic examination of the specimen confirmed endometriosis. The physical examination findings at the 6-week postoperative visit demonstrated a well-healed scar.

Cutaneous endometriosis, defined by the presence of endometrial glands and stroma in the skin, represents 0.5% to 1.0% of all patients with ectopic endometriosis [1]. Cutaneous scar endometriosis is usually confined to the superficial layers of the abdominal wall [1]. Our case was unique because of its large size and debilitating symptoms. Cutaneous endometriosis is often misdiagnosed, and the literature estimates a delay of 24.5 to 31.7 months between onset of symptoms and diagnosis [2,3]. Our patient had symptoms for 3 years before the correct diagnosis. Physicians should consider cutaneous endometriosis in any woman with incisional pain and a palpable mass after abdominal and pelvic surgery.

References