

Case Report on Rectus Sheath Endometrioma with Chocolate Cyst of Ovary

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Abstract: Endometriosis is a common multifocal gynaecological disease that manifests during reproductive years causing chronic pelvic pain and infertility. It may occur as invasive peritoneal fibrotic nodules and adhesions or as ovarian cysts with haemorrhagic contents. Although findings at physical examination may be suggestive, Imaging is necessary for definitive diagnosis ,patient counseling and treatment purposes. Here we present a case report of Rectus sheath endometrioma following Cesarean with ovarian Chocolate cyst which is a very rare presentation . Our patient, para 2 living 2, presented with cyclical pain with mass per abdomen in left hypochondriac region , with regular menstrual cycles following Cesarean sections. Imaging with Ultrasonography showed left ovarian cyst with solid contents .She was provisionally diagnosed as a case of Endometriosis and treated with medical management. MRI imaging was done as her symptoms didn't subside. It showed Rectus sheath Endometrioma with Left ovarian Chocolate cyst. She underwent left Salpingoophorectomy with wide local excision of rectus sheath Endometrioma under Spinal anaesthesia. Histopathology confirmed the diagnosis of Endometriosis.

Keywords: Endometriosis, Rectus sheath, Cesarean sections, medical management.

INTRODUCTION

Endometriosis ,a term first used by Sampson ,is defined as presence of functional endometrial glands and stroma outside the uterine cavity [1]. Endometriosis affects 7%-10% of women of reproductive age group with presenting complaints like dysmenorrhea, dyspareunia, menorrhagia, pelvic pain or infertility [2]. Furthermore on a clinical basis, 5-12% of women present with extrapelvic Endometriosis in descending order of Abdominal wall, Sigmoid ,appendix, omentum, operative scars. Rarely it is observed in distant sites like lungs ,brain, bones and skin [3].

CASE REPORT:

Mrs X,30 years old lady, para 2 ,living 2, with h/o two cesarean sections, presented with mass per abdomen in left hypochondrium 6x6 cms with cyclical pain abdomen increasing during menstruation .Ultrasonography of pelvis showed left ovarian chocolate cyst of 6x6 cms .FNAC of abdominal mass confirmed endometrioma . Patient was treated conservatively with three doses of Zoladex .The size of endometrioma of abdominal wall and chocolate cyst reduced but pain persisted. MRI of abdomen and pelvis showed similar findings as USG with a Rectus sheath endometrioma , umbilical hernia and incisional hernia

.Patient underwent Endometrial cyst excision of rectus sheath with left sided salpingoophorectomy with Hernia repair under spinal anaesthesia .Histopathology confirmed the diagnosis of Ovarian endometriosis with Rectus sheath endometrioma due to presence of endometrial glands and stroma interspersed with fibrofatty and fibrocollagenous tissue.

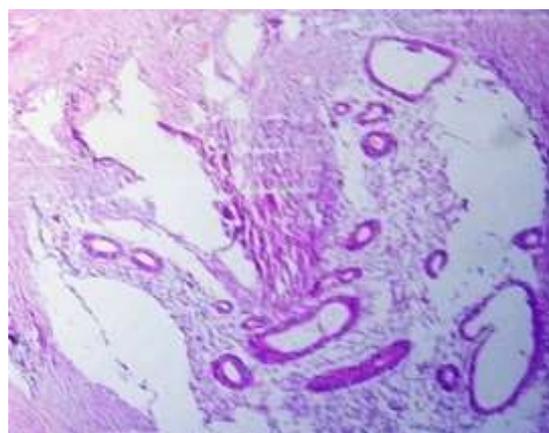


Fig 1- islands of endometrial glands surrounded by endometrial stroma embedded within the rectus sheath. Many glands are cystically dilated. H&E stain, 4x magnification.

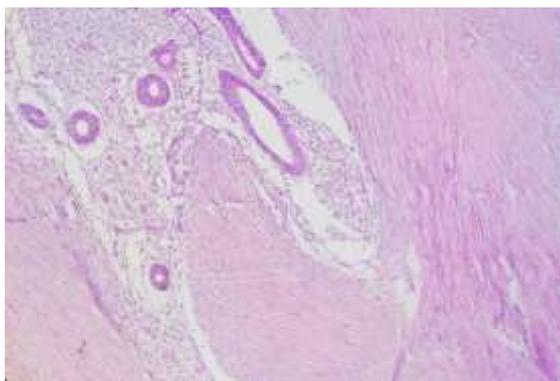


Fig 2- closer look at the endometrial glands and stroma embedded within rectus sheath. H&E, 10x.

DISCUSSION

Endometriosis is the presence of tissue resembling endometrial components like endometrial glands and stroma outside the uterine cavity. Although the true incidence is unknown, it is estimated that it afflicts about 4-13% of all women in reproductive age, 25-50% of women with infertility problems, 5-25% of those that are hospitalized because of pelvic pain, 50% of young girls with severe dysmenorrhea and up to 7% of women hospitalized with the diagnosis of pelvic masses [1-2]. It commonly occurs in pelvis, Ovaries, Ovarian fossa, pouch of Douglas, and tubes. There is a shift of the time of diagnosis from the late thirties and early forties to the twenties and the cause of this may be extensive use of laparoscopy and delayed childbearing. The use of hormones in menopausal women and obesity may be responsible for the occurrence of endometriosis in postmenopausal age.

The Genetic, hormonal, immunological, environmental and angiogenetic factors are implicated in the pathogenesis of endometriosis [1]. Heritable factors are important.

Most women with endometriosis present some or all of four major problems: infertility, secondary dysmenorrhea, dyspareunia and pelvic pain, but many women are asymptomatic. In rare cases with ovarian endometriosis, acute abdomen because of rupture of ovarian cystic masses. Some women may present as abdominal mass very rarely [5].

Levels of CA-125 may be elevated in the serum and peritoneal fluid of women with endometriosis and the concentration of serum CA-125 usually correlate with the severity and the clinical course of the disease. Transvaginal Ultrasonography is the primary imaging aid. MRI is an excellent modality in the diagnosis and prediction of disease extent in deep pelvic endometriosis. Laparoscopy is gold standard test for diagnosis and staging. FNAC is one of the

conclusive test for endometriomas of abdominal masses. [5]

Commonly management Selective progesterone receptor modulators., Gn-RH analogs, Combined oral contraceptives, Aromatase inhibitors, NSAIDS and COX 2 inhibitors. Angiogenesis inhibitors and Gene therapy available [6]. Moreover, Surgical, laparoscopy and radical procedures like oophorectomy, hysterectomy is only in severe situations [7].

CONCLUSION

In conclusion, endometriosis is a chronic gynecological disease that results in severe morbidity, including chronic pain and infertility. The pathogenesis of the condition is multifactorial. Rectus sheath endometriosis is considered as a rare entity. Careful history taking and physical examination are essential for making correct diagnosis. MRI can aid the diagnosis. Complete excision and histology is highly recommended for definitive diagnosis.

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