

Rectus Abdominis Endometrioma Mimicking Acute Abdomen

Akut Karın Tablosu Yaratan Rektus Abdominis Endometrioması

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ÖZET: Endometriosis sık karşılaşılan bir jinekolojik durumdur. Karın duvarı endometriozisi de bir alt grubu oluşturmaktadır ve preoperatif olarak kolaylıkla suture granülomu, lipom, abse, kist, hematoma ya da herni ile karıştırılabilen oldukça nadir bir durumdur. Bizler akut karın ile kendini gösteren bir karın duvarı endometrioması olgusu sunuyoruz. Olgumuz ışığında jinekolojik operasyon öyküsü bulunan kadın hastalarda karın duvarı endometriozisinin de ayırıcı tanıda akıldan tutulması gerektiği görüşündeyiz.

Anahtar Kelimeler: Akut Karın, Endometrioma, Karın Duvarı

ABSTRACT: Endometriosis is a common gynaecological condition; abdominal wall endometriosis is a subtype of endometriosis. Although abdominal wall endometriosis is not common, preoperative diagnosis of abdominal wall endometriosis can be easily mistaken for a suture granuloma, lipoma, abscess, cyst, hematoma or hernia. We reported a case with rectus abdominis endometrioma mimicking acute abdomen. Our opinion is that abdominal wall endometriosis should be considered in those patients presented with acute abdomen who underwent gynecological operations. There are atypical presentations of abdominal wall endometriosis and it is important for a surgeon to keep in mind that endometriosis in acute abdomen cases although it is a rare condition.

Key Words: Acute abdomen, Endometrioma, Abdominal Wall

INTRODUCTION

Endometriosis is a common gynaecological condition; abdominal wall endometriosis is a subtype of endometriosis. Although abdominal wall endometriosis is not common, preoperative diagnosis of abdominal wall endometriosis can be easily mistaken for a suture granuloma, lipoma, abscess, cyst, hematoma or hernia. We reported a case with rectus abdominis endometrioma mimicking acute abdomen.

CASE

A 35 years old woman admitted to the emergency unit with complaints of severe right lower quadrant pain. She suffered from serious abdominal pain which was started 6 hours ago following aerobic exercise. The patient also complained about nausea and vomiting. On physical examination a tender mass of the abdominal wall was palpated. The tumor was 3*3 cm in size, located in the right angle of the incision from the 5 years previously performed cesarean

section. There was no history of abdominal cyclic pain or relevant endometriosis. Physical examination also revealed abdominal tenderness and defense on palpation of the right pelvic region. Blood and analysis revealed leukocytosis. Ultrasound examination demonstrated a suspicious hypoechoic mass of the right rectus abdominis muscle was thought to be hematoma or abscess (Figure I). At operation 3*3 cm nodule was excised with clear margins; endometrioma was found on histopathological examination. The patient presented 100% recovery after surgical treatment without relapse of symptoms during follow-up to date.

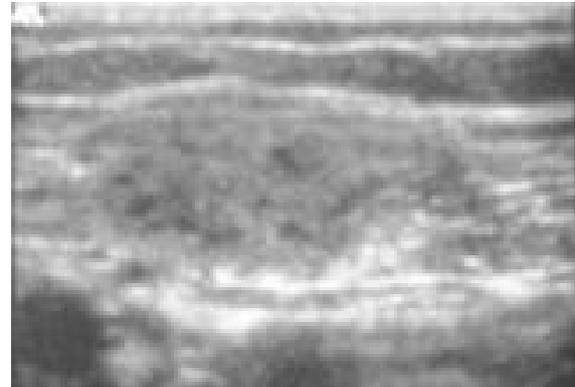


Figure I. Hypoechoic mass inside rectus abdominis muscle.

DISCUSSION

Endometriosis is the abnormal growth of endometrial glands and stroma outside the uterine cavity and musculature. It is estimated to affect 15% of women of reproductive age, and up to 50% of infertile woman^(1,2).

Extrapelvic endometriosis refers to endometriosis found at body sites other than pelvis. It can involve almost every organ in the human body like pleura, skin, extremities, lung, spleen, gallbladder, stomach, kidney, chest wall and abdominal wall. Overall, the incidence of extrapelvic disease represents 8.9% of reported cases of endometriosis with age of presentation of 34 years^(1,3,10).

The ectopic finding occur in abdominal wall among 0.03% to 1% of women with prior gynecologic surgery, particularly after cesarean section. It could mimic other pathologies such as hematomas, granulomas, incisional hernias, abscesses and tumors^(4,5,12). Lack of the classical symptoms and the unusual location can make diagnosis difficult. Pathognomonic presentation is tumescence palpable of the abdominal wall near or proximity of preceding surgical scar, the cyclic character of painful symptomatology, the augmentation of volume and the bleeding in period menstrual or premenstrual⁽⁶⁾.

Diagnosis is commonly made by histopathology. Histological examination reveals ectopic endometrial glands with surrounding cellular stroma, occasionally associated with extravasation of erythrocytes in the stroma and some acute inflammatory infiltrates around the glands⁽¹⁾.

Abdominal wall endometriosis is a rare disease that can be explained by grafting of endometrial cells to the abdominal wall during laparotomy for pelvic surgery, particularly cesarean section. Isolation of the abdominal wall during cesarean section and irrigation of the abdominal wall at the end of the operation are two theoretical measures designed to prevent endometrial cell engraftment.

When abdominal wall endometriosis occurs, only radical surgical resection can prevent recurrence or malign transformation^(7,8,9,10).

We reported a case with rectus abdominis endometrioma mimicking acute abdomen. Our opinion is abdominal wall endometrioma should be considered in those patients presented with acute abdomen who underwent gynecological operations. There are atypical presentations of abdominal wall endometrioma and it is important for a surgeon to keep in mind that endometriosis in acute abdomen cases although it is a rare condition.

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