



Clinical images

Laparoscopic view of abdominal wall endometrioma

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Endometriosis is the presence of endometrial tissue outside the uterine cavity.^{1,2}

Sampson's theory states that during menses reflux endometrial cells escape from the fallopian tube and implants on the surrounding pelvic structures.^{2,3} However, in the case presented here, there was a metastasizing endometrial tissue occurring superficial to the peritoneum, which is an abdominal wall endometrioma. Here we present an interesting short communication of a patient with abdominal wall endometrioma with no previous surgeries.

A 47-year-old gravida 3, para 3 female suffered from severe dysmenorrhea for many years. Dysmenorrhea started a few days prior to her menses and lasted throughout her menses. Her menstrual cycles were regular.

She had no previous surgeries, and all deliveries were uneventful vaginal deliveries. On examination, there was a mass (of ~2 cm) palpable on the abdominal wall on the left iliac fossa. Her Ca-125 levels were 53.3 U/mL.

An abdominal computed tomography confirmed a uterine fibroid on the anterior uterine wall with a maximal diameter of 4.3 cm and a mass arising from the anterior abdominal wall on the left iliac fossa measuring 2.9 cm (Figure 1).

A diagnostic laparoscopy was performed. The intraoperative findings, bilateral ovaries, and fallopian tubes were normal, anterior wall uterine wall fibroid 4 cm, and there were no endometriotic deposits on the pouch of Douglas, bowel, or peritoneal surface. On the left iliac fossa, there was a bulging mass from the abdominal wall into the abdominal cavity. A laparoscopic myomectomy was performed, followed by a minilaparotomy for the abdominal wall mass (Figure 2).

A minilaparotomy performed on the left iliac fossa, revealed an indurated lesion with chocolate material within measuring 3 cm × 4 cm. A wide local excision of the lesion was performed and the indurated mass sent for histopathological confirmation. The histopathological examination findings confirmed endometriosis (Figure 3).

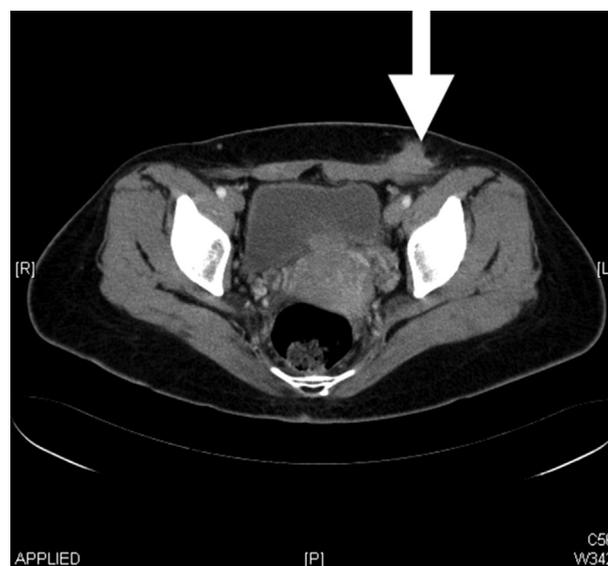


Figure 1. Computed tomography image shows anterior abdominal wall endometrioma measuring 2.9 cm.

Conflict of interest: All authors declare no conflict of interest.

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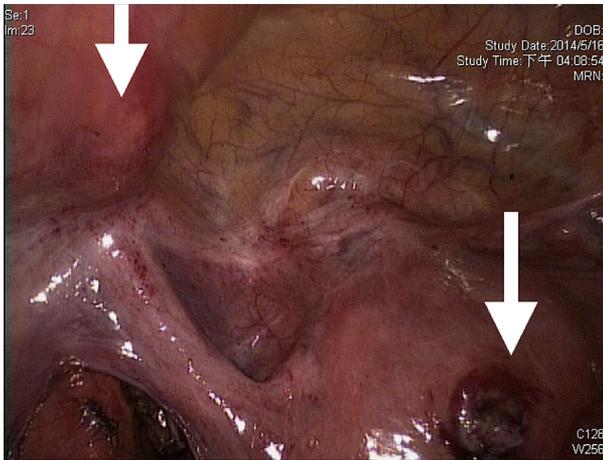


Figure 2. Laparoscopy image with anterior abdominal wall endometrioma bulging into the abdominal wall cavity from the left iliac fossa and the anterior abdominal wall uterine fibroid after laparoscopic myomectomy.

In a review article of abdominal wall endometrioma from January 1951 to August 2006, 29 articles describing 445 patients were identified; majority of cases were associated with a cesarean scar or a gynecological surgery, and 20% of patients had abdominal wall endometriosis not associated with scars.² Thus, clinicians should have a suspicion of abdominal wall endometriosis in a patient with an abdominal wall mass with a history of severe dysmenorrhea even in a virgin abdomen. A diagnostic laparoscopy image will certainly assist clinicians with the diagnosis and



Figure 3. Gross specimen of anterior abdominal wall endometrioma measuring 3 cm × 4 cm, endometriosis confirmed by histopathology.

appropriate care. The patient described here has been asymptomatic and well after the surgery.

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