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ENDOMETRIOSIS OF RECTUS ABDOMINIS MUSCLE-A CASE REPORT[1]

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ABSTRACT

Endometrial mucosa is normally located in the uterus. The presence of the endometrial type mucosa outside the uterus is called *endometriosis*. Endometriosis can be with intra- and extrapelvic localization. Intrapelvic localization can affect the ovaries, Douglas cavity, pelvic peritoneum, uterus ligaments, bladder and rectum. Abdominal endometriosis is the most common localization of extrapelvic endometriosis and usually develops in the connective tissue. Extrapelvic endometrial implantation of tissue can be in any organ in the body including the skin, episiotomy, lungs, liver, limbs, brain and abdominal wall. The occurrence of endometriosis in the rectus abdominis muscle is assessed to appear in 0.03% to 1.5% of women with previous caesarean section. The predominant symptom is cyclic pain. Diagnosis is often late because of the broad differential diagnosis and very rare occurrence. We show a 31-year old patient with endometriosis of the rectus abdominis muscle 4 years after cesarean section. Three years following the surgery pain appeared, to which the patient did not pay attention because it was cyclical, disappearing with analgesics. After she palpated a tumefaction about 3 cm in diameter, she asked for doctor's help. Ultrasound discovered tumefaction and after surgery the histopathological analysis confirmed endometriosis of the rectus abdominis muscle.

Keywords: Endometriosis, endometrium, caesarean section, case report.

INTRODUCTION

[1] professional paper

Endometriosis of rectus abdominis muscle is a very rare disease that in most cases occurs following cesarean section. Our goal is to present a very rare case assessed to appear in 0.03% to 1.5% of women with previous caesarean section. There are several hypotheses to its cause. The most important condition for development and progression of endometriosis is the presence of menstrual function and cyclic hormonal stimulation to the target organs. This disease does not occur before the first menstruation (menarche) and in menopause the focus spontaneously regresses.[1]

CASE

Patient AA, 31 years of age, came for surgical treatment. 4 years ago she had given a birth with caesarean section. She is complaining of a cyclic pain, deteriorating during menstruation. After she palpated "small ball" 3cm in diameter, inside rectus abdominis muscle, she came to our institution for a surgical removal. Complete blood test and biochemical markers, as well as SA 125 were normal. In median abdominal line under and a centimeter left of the umbilicus, 3 cm large, round tumefaction, hard and painful on palpation, constrained by adjacent soft tissue deep to the skin, within the muscle was visible. The ultrasound of anterior abdominal wall, noted expressed hipoechoic, vaguely demarcated lesion, with only few very small internal calcifications, and dimensions of 25x14x38 mm inside the m. rectus abdominis. The differential diagnosis was fibrous hematoma and neoplastic lesion. Abdominal ultrasound: Liver has no visible defects, and is with normal morphology. Gallbladder and biliary tract are normal. Spleen and pancreas appeared normal. The kidneys had no visible defects, with no signs of obstruction and calculus. Urinary tract was normal. Enlarged lymph nodes were not visible. The bladder is normal, there was a cyst on the left ovary with a diameter of 25 mm. There was no fluid in Douglas cavity.

The removed operational material was given for histopathology analysis. Patohistology diagnosis: ENDOMETRIOSIS EXTERNA MUSCULI RECTI ABDOMINIS, N 80. Macroscopic: soft tissue fragment with irregular shape, dimension 1.7 x 0.7 x 0.5 cm, gray-white color and leathery consistency. Microscopic: through cross muscles scattered nests of benign endometrial glands are present, around which small-cell thick endometrial stroma, and surrounding dense fibrous tissue exists.

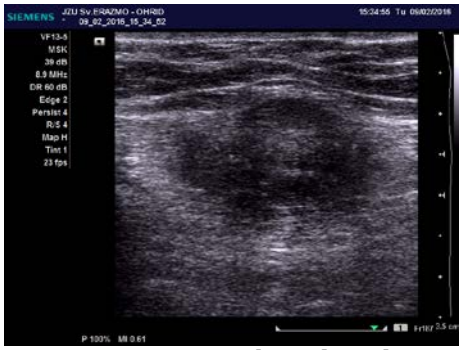


Image 1. Hipoechoic, loosely demarcated lesion is visible inside the rectus abdominis muscle.

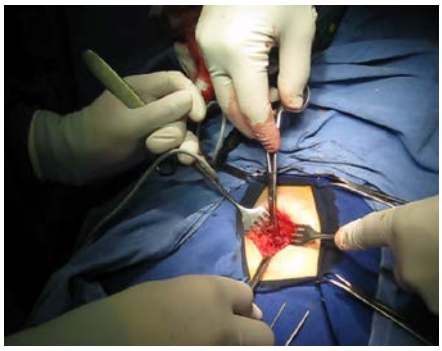
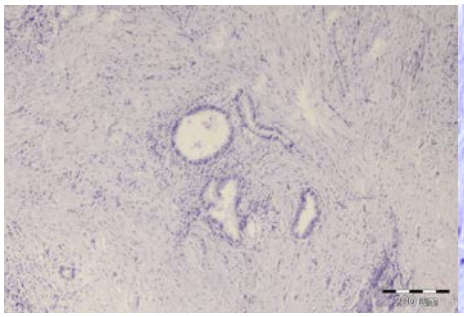
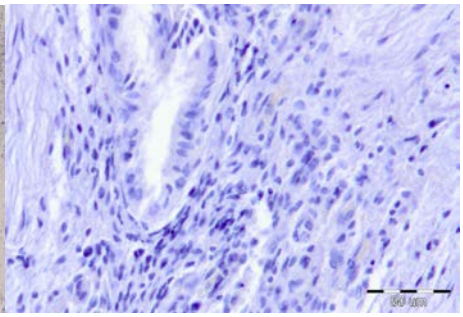


Image 2. Intramuscular tumefaction at the top of the forceps is noted during operation



Сл. 3. Endometriosis externa – group of benign endometrial glands with surrounding stroma.



Сл. 4. Endometriosis externa – endometrial gland with surrounding stroma.

DISCUSSION

The normal endometrial type of mucosa is present only within the uterus. The presence of a tissue histologically similar to the endometrial tissue outside the uterus is endometriosis. Such tissue can be located in pelvic

cavity, ovary, sacrouterine ligament, peritoneum and broad ligaments of uterus[2]. Symptoms are similar to menstrual pain in lower abdomen, pain during intercourse, low back pain, ovarian torsion, infertility. The location may be outside the pelvic cavity: small intestine, appendix, rectum, ureters, bladder, lungs, surgical scars, limbs, joints, skin[3]. According to Eljuga[4] localization in the rectus abdominis muscle ranges from 0.03% to 1.5% in women with previous cesarean section, and Saveli[5] brings down localization from 0.03% to 1% in women with previous cesarean section. The main symptom is cyclic pain.

The initial diagnostic method is palpation, and asymmetric, irregular nodules causing severe pain[6] are noted on palpation. On laparoscopy changes are clearly visible. Non-invasive methods of diagnosis of endometriosis include: serum markers, ultrasound imaging, magnetic resonance and immunoscintigraphy. Unfortunately the results often overlap with results in other diseases and conditions. Final diagnosis is made by histopathology analisis[7].

Treatment of endometriosis is particularly difficult. Drug treatment relies on suppressing (inhibitory) hormone treatment lasting 6 to 9 months. However recurrence is observed in 66% of the cases.

Endometriosis is only removed in patients under age of 35. In older women, as well as those with completed plans for reproduction total hysterectomy with adnexectomy is performed. Endometrial focuses in the lesser pelvis may be coagulated successfully laparoscopically.

CONCLUSION

Endometriosis of the rectus abdominis muscle is a rare disease, most commonly a result of cesarean section or other gynecological operation. Its occurrence is estimated from 0.03% to 1.5% of women with previous caesarean section. Predominant symptom is cyclical pain. There is often a delay in diagnosis due to its relatively rare occurrence and wide differential diagnosis.

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