Abdominal wall endometrioma; An insidious cause of delayed diagnosis

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March 19, 2021

Abstract

Abdominal wall endometrioma is an extremely rare entity with a precise incidence of 0.07%–0.47% remaining an insidious cause of usually delayed diagnosis. Differential diagnosis should include that rare condition and ultrasonography remains a pivotal tool to unravel that enigma as well.

Title

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A 34 years old woman was presented 4 years ago to our facility complaining for pain due to a palpable nodule in the abdominal wall of previous caesarean sections. No other symptom was reported (no dysmenorrhea). She had a personal history of two caesarean sections (2007 and 2012), and a laparoscopic surgery for ruptured ovarian cyst in 2013. Clinical examination revealed a palpable lesion in the left abdominal side and precisely into the abdominal wall. Vaginal examination and laboratory exams were all normal. Transvaginal ultrasonography, transabdominal and translabial ultrasonography (Figure 1,2) were performed. An intra-abdominal hypogenic lesion of 36 x 15 mm was unraveled via the translabial ultrasound in the median tissue between the abdominal wall and the subcutaneous tissue. Hence, a surgical removal under general anesthesia was performed. Histological diagnosis verified that insidious lesion-endometrioma. Cesarean section and hysterotomy are the most common operations associated with abdominal wall endometriosis. Pfannenstiel scar remains the most common site for extra pelvic endometriosis with a precise incidence of 0.07%–0.47% (1). No specific findings and symptoms lead usually to delayed diagnosis. Granuloma, lipoma, abscesses, sebaceous cysts, ventral hernias, or metastasis should be included in the differential diagnosis of those lesions (2).

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