

ABDOMINAL WALL ENDOMETRIOSIS: A RARE CASE REPORT

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ABSTRACT

Abdominal wall endometriosis is a special case. Its symptoms are the same as ovarian malignancy. In this case, her disease is only defined after an operation. Conservative medical treatment is a feasible management option, especially in young patients who desire to preserve fertility. This article aims to present an extremely rare presentation of endometriosis.

INTRODUCTION

Endometriosis is a condition in which the endometrium resembles epithelium which is found in other locations in the body, most commonly in the pelvic cavity such as the ovaries, the uterosacral ligaments, and rectouterine pound [1]. Other uncommon cases are found in the vagina, bladder, skin, lungs, spine, and even the brain [1]. The prevalence of endometriosis approaches 6 - 10% in the general female population, an estimated 176 million women worldwide [2]. The clinical presentation is variable. While some women experience several severe symptoms, others are asymptomatic. The prevalence of women with no symptoms is 2 - 50%, which depends on the criteria of diagnosis and the sample size [3].

That's why differential diagnoses are vital [4]. Dysmenorrhea is the most common symptom, painful period is, however, also a symptom of other diseases such as pelvic adhesions, adenomyosis, or gastrointestinal disorder [4]. Computed tomography (CT) could exactly identify the disease area [6]. Small tumors can be detected by Magnetic resonance imaging (MRI) with high sensitivity. Besides, MRI also helps to distinguish endometriomas from adjacent tissues [6].

Despite mentioned-above tests, endometriosis was confirmed by histopathology, which was obtained by laparoscopic inspection [8]. Endometrial stroma is visualized by laparoscope; nevertheless, the relation between clinical symptoms and disease burden is poor [9].

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Endometriosis is more frequently diagnosed in the infertile population. It is estimated that 20 - 40% of women with endometriosis are infertile [5]. Thus, infertility treatment should be taken into careful consideration among these patients.

CASE REPORT

A 38-year-old female patient was referred to our hospital due to abdominal pain over the last few days. The patient was started on NSAIDs at the time with poor response. Abdominal distention was another notable symptom and was suspected of having peritoneal tuberculosis or cancer. She was performed tests such as ultrasound, CT, cancer markers but no disease was found. Ultimately, a diagnosis paracentesis was performed and obtained 4 litres of bloody peritoneal fluid and the patient had symptomatic relief. Ascitic fluid was analyzed and endometriosis was suspected. Tissues were found on abdominal cavity and the histopathological samples were concluded endometriosis. After the operation, patients were administered zoladex for 3 months.

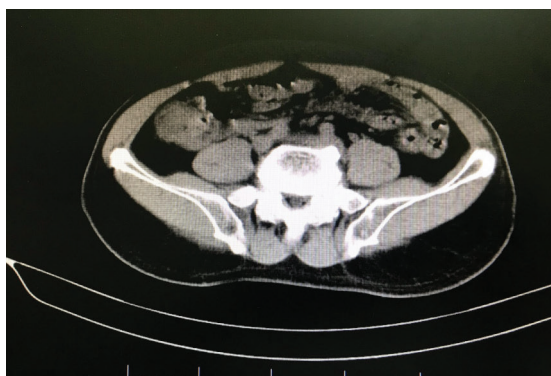


Figure 1: Normal abdominal wall revealed by CT-scan.

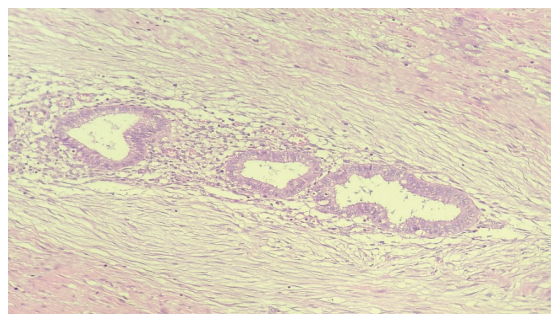


Figure 2: H.E x 100 endometriosis glands located in the abdominal wall.

After that, the treatment was stopped and every 2 months the patient performed abdominal paracentesis and blood transfusion was given. Each time it took out about 3-4 litres of bloody fluid.

A year later, patient was performed in-vitro fertilization (IVF) procedure marriage and using short Antagonist protocol with dose of 300 IU FSH. During that time, 6 oocytes were picked up, 4 embryos were formed, eventually she was pregnant with twin.

Ovarian hyperstimulation syndrome occurred after 1 week of embryos transfer so the patient was then prescribed parolodel, infused albumin and the patient also performed abdominal paracentesis. Thus, the ovarian hyperstimulation syndrome decreased gradually and stopped at 12th week of pregnancy.

She had caesarean section at 34th week due to premature rupture of membranes and twin boys were born with birth weight of 1,550g and 1,600g respectively. Two children are now totally healthy. However, the symptoms of endometriosis began to reappear each menstrual cycle.

DISCUSSION

** Pain during menstrual period:*

One of the most common characteristics of endometriosis is cyclic pelvic pain. Pain is often associated with the menstrual cycle, but a woman might suffer from abdominal pain at anytime of her monthly cycle. Some patients usually present with symptoms, for instance, pain during ovulation, dysmenorrhea, dysuria, dyschezia and dyspareunia [6]. Besides, abdominal distention due to effusion is a rare symptom which easily leads to misdiagnosis.

** Diagnostic tools:*

A variety of imaging modalities are available to confirm the diagnosis of AWE. However, for this case, no symptoms were detected on ultrasound, CT, MRI. Therefore, the diagnosis was very difficult and only the disease was only confirmed accurately after surgery.

** Surgical treatment:*

Endometriosis is more frequently diagnosed in the infertile population. And in this case, she underwent artificial reproductive technology (ART) after surgery treatment. It is very necessary to understand the mechanism of infertility in patients with endometriosis, so that appropriate treatment can be found. It is clear that infertility can be caused by severe disease. Pelvic adhesions cause anatomical alterations to the organs within it, leading to decreased fertility. It's usually in the advanced stage can cause infertility. Nevertheless, there is still much unknown mechanisms by which fertility could be impacted by mild disease. Inflammatory cytokines, growth and angiogenesis factors, and other factors

are all suspected to affect infertility associated with endometriosis [8].

Many medical treatments have been used for abdominal wall endometriosis (AWE). These include oral contraceptive pills, and gonadotropin agonists. However, the success rate is really low, thus surgery is a better choice.

Laparoscopic surgery for endometriosis is a top priority because of the benefits it offers. Moreover, it also helps to diagnosis endometriosis. Surgical treatment of endometriosis-associated infertility has brought benefits in all stages of endometriosis [9].

One of the most effective methods for treating infertility related to endometriosis is IVF. A recent report on the Society of Assisted Reproductive Technology suggested that women with endometriosis seem to have even a little bit increased success in IVF compared to women with other infertile causes [10]. To sum up, while the effect of endometriosis on infertility is controversial, IVF is still preferred for the treatment of patients with endometriosis.

CONCLUSION

Abdominal wall endometriosis is a very rare condition but it should always be considered when treating females who present with recurrent menstrual cramps. Medical treatment has many limitations so the appropriately surgical treatment is more favorable for minimal consequences. Patients with endometriosis have a higher rate of infertility but IVF has significantly improved their pregnancy rates.

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