

A multilobulated nodule of a cesarean section scar: Think of cutaneous endometriosis

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Sir,

We report the case of a 35-year-old woman who presented with a painful lower abdominal multilobular nodule and skin discolorations around the abdominal incision site, two years after undergoing a cesarean section. The patient reported cyclic pain and volume augmentation of the nodule accompanied by red-colored fluid discharge from the incision site. Upon examination, a non-mobile, painful multilobular moderately pigmented nodule, measuring approximately 2×3 cm, was observed at the left lateral border of the incision (Fig. 1a). Dermoscopy revealed reddish areas separated by fibrous septa (Fig. 1b). Color Doppler ultrasound evaluation detected an irregular hypoechoic solid mass with internal vascularity, measuring 2x1.3x2.2 cm. Excision of the nodule confirmed the diagnosis of cutaneous endometriosis, and the patient was referred to gynecology for further evaluation of pelvic endometriosis.

Cutaneous endometriosis, a rare manifestation of endometriosis, is divided into primary and secondary forms, with the former resulting from spontaneous changes in specific tissues under unknown factors, and the latter caused by iatrogenic factors [1]. The incidence of secondary cutaneous endometriosis is about 3.5% in patients who undergo gynecological surgery and about 0.8% in women with a previous cesarean section [2]. Scar endometriosis, a type of secondary cutaneous endometriosis, is a rare condition that accounts for 0.03% to 0.15% of all cases of

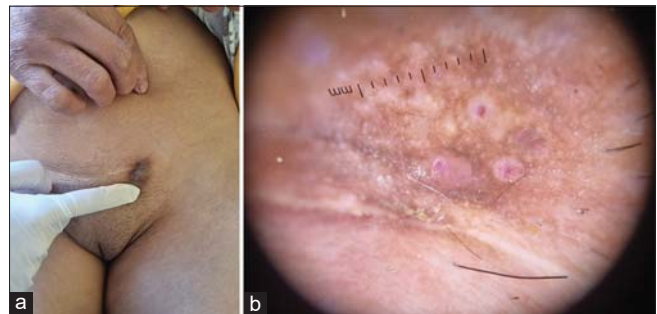


Figure 1: (a) Multilobulated moderately pigmented nodule at the cesarean section scar. (b) Dermoscopy showing reddish areas separated by fibrous septa.

endometriosis in gynecological literature. Due to its varied presentation, such as pain, discoloration, and swelling around a Pfannenstiel skin incision, scar endometriosis often leads to a deferred diagnosis and unnecessary referrals. It can be mistaken for other conditions such as infections, abscesses, keloids, tumors, and lymphadenopathy [3].

This case highlights the challenges in diagnosing cutaneous endometriosis and emphasizes the importance of considering this condition in the differential diagnosis of abdominal wall lesions following cesarean sections. It also underscores the significance of timely excision as an effective treatment modality.

Consent

The examination of the patient was conducted according to the principles of the Declaration of Helsinki.

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