Abdominal wall endometriosis: an up-to-date perspective

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Objectives: Abdominal wall endometriosis (AWE) is defined by the presence of endometrial tissue in the subcutaneous fatty layer and/or muscles of the abdominal wall. The purpose of our retrospective study was to evaluate imagistic and clinical features and the management options of these cases.

Methods: A series of 47 patients over a 9-year period was analyzed. The risk factors, clinical findings, imagistic (ultrasound, MRI, CT) aspects, treatment, and the follow-up were taken into account. A systematic overview for the research articles published up until February 2019 was also performed.

Results:
• 45 patients presented a diagnostic Esquivel triad: history a C-section, various degree of cyclic local pain during ovulation or and menses and a nodular tumor nearby surgical scar.
• No previous history of pelvic endometriosis was detected. Median age 35 years, detection at least 2 years after surgery till 10 years.
• The ultrasound scans were performed in 46 cases (fig. 1, 2).
• The most frequent location upper left from the scar (surgeon position related?)
• Surgical removal of the tumor was done in 42 cases (fig. 3, 4, 5) and endometriosis was histopathological confirmed.
• No recurrence till now was reported.

Key points:
• There is an AWE diagnostic triad: history a C-section (or other pelvic surgery), various degree of cyclic local pain during ovulation or and menses and a nodular tumor nearby surgical scar.
• The ultrasound should be used as first line diagnostic tool.
• The only curative treatment is surgical - the extensive "oncologic" tumorectomy.