

Subcutaneous Endometriosis of the Abdominal Wall: A Report of Five Cases

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ABSTRACT

Subcutaneous abdominal wall endometriosis is a rare manifestation of endometriosis, often occurring on surgical scars following cesarean section. This study reports five cases highlighting the clinical presentation, imaging findings, surgical management, and outcomes. Complete surgical excision resulted in favorable prognosis with no recurrence during follow-up.

Keywords: Implant, Nexplanon, Deep, Removal, Case Report.

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Introduction

Endometriosis is a benign gynecological condition defined by the presence of functional endometrial tissue outside the uterine cavity. It affects a significant proportion of women of reproductive age. Subcutaneous parietal localizations are rare and often underrecognized, which may lead to delayed diagnosis. They most commonly occur as a secondary complication following gynecological or obstetric surgery, particularly cesarean section.

Objective

To describe the clinical, radiological, therapeutic, and prognostic features of subcutaneous endometriosis of the abdominal wall, and to emphasize the importance of early diagnosis, appropriate management, and intraoperative preventive measures.

Materials and Methods

This was a retrospective descriptive study conducted over a five-year period. Five patients with histologically confirmed subcutaneous endometriosis were included. Clinical, radiological, therapeutic, and

histopathological data were collected from medical records and analyzed.

Results

The mean age of the patients was 35 years (range: 33–38 years). The average number of previous abdominopelvic surgical procedures was 2.6.

Clinically, all patients presented with a painful nodule located on a previous cesarean section scar. The pain was spontaneous and worsened during menstruation in most cases.

Radiologically, three patients underwent soft tissue ultrasound, which revealed a hypoechoic subcutaneous nodule suggestive of parietal endometriosis. Two patients underwent abdominal wall MRI, confirming the presence of an endometriotic implant. Only one patient had a pelvic MRI to investigate associated deep endometriosis.

All patients were treated with complete surgical excision of the lesion. Histopathological examination confirmed the diagnosis of subcutaneous endometriosis in

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100% of cases. No postoperative complications or recurrences were observed during follow-up.

Discussion

Abdominal wall endometriosis is a rare entity, accounting for 0.03% to 2% of all endometriotic localizations [1,2]. It most commonly develops on a surgical scar, particularly following cesarean section, due to iatrogenic implantation of endometrial cells during surgery [2,3].

Clinically, it typically presents as a painful parietal mass, sometimes associated with catamenial pain. However, the absence of cyclic symptoms does not exclude the diagnosis. The interval between surgery and symptom onset is highly variable, ranging from several months to many years [1,4].

Doppler ultrasound is considered the first-line imaging modality, while MRI allows better lesion characterization and assessment of local extension [5,6]. Definitive diagnosis relies on histological examination [7].

Complete surgical excision with clear margins is the treatment of choice. This approach is justified by a recurrence rate estimated at 10–15% in cases of incomplete resection and by the rare but reported risk of malignant transformation [8,9]. Preventive measures during surgery include meticulous irrigation of the operative field and the use of protective extraction bags [10].

Conclusion

Subcutaneous endometriosis of the abdominal wall is a rare but important condition that should be considered in the presence of a painful parietal mass on a surgical scar, particularly when associated with catamenial pain. Diagnosis is confirmed histologically. Complete surgical excision remains the cornerstone of treatment and ensures a favorable prognosis.

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