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Poster Number: EP 214 Name: Mettu Amulya

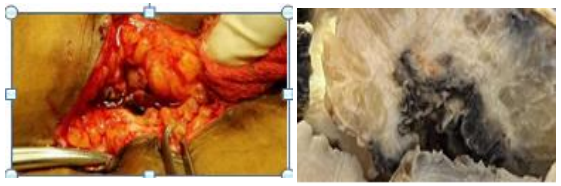
Title:A COMPLEX CASE OF SCAR ENDOMETRIOSIS WITH BLADDER INVASION AND BILATERAL OVARIAN CYSTS

INTRODUCTION

Endometriosis is a common benign gynecological disorder characterized by the presence of ectopic endometrial tissue. The prevalence of endometriosis remains unclear, since around 50% of women may be asymptomatic but is assumed to be around 10% in reproductive age group. Scar endometriosis has an incidence of 0.03% to 0.15% of all cases of endometriosis.

AIMS / OBJECTIVES

We report a case of scar endometriosis with bladder invasion and bilateral ovarian cysts



MATERIALS / METHODS

36 yr old , P3L3, HBsAg positive patient was admitted with chief complaint of severe cyclical pain abdomen since 4 years.•she was diagnosed with scar endometriosis 3 years back, a scar tissue biopsy was done revealing endometrial hyperplasia without atypia.•Abdominal examination revealed a 3*3cm thickened scar.•In light of above history and findings, following a USG to comfirm the above, patient was started on GnRHagonist, inj leuprolide 3.75mg IM depot for 3 months.•in view of persistant symptoms, patient was suggested an MRI.•urologist consultaion was taken in view of bladder invasion and possible intervention at time of surgery. cystoscopy was also done.•cardiologist and gastroenterologist consultation was taken.•patient underwent laprotomy for endometrial scar excision and partial cysyectomy.•Post operativerly GnRH agonist was started in view of unaccessible endometrial tissue for surgery.

RESULTS

CA125:19 (normal range)MRI:scar endometriosis of 40*38*47 mm invading the anterior bladder wall.•right ovarian mass 63*68*73 mm.•left ovarian mass 27*18*30mm
● Cystoscopy: negative findings:
SURGERY DONE: LAPROTOMY WITH ENDOMETRIAL SCAR EXCISION WITH PARTIAL CYSTECTOMY
●FINDINGS:•scar endometrial tissue extending from rectus sheath to anterior bladder wall - excised.•right ovary and tube normaL•left ovary and tube not visualised•retroperitoneal mass in pouch od douglas , hard to determine edges - left untouched.•endometrial tissue invading bladder muscle - partial cystectomy done.all the samples were sent for HPE..

DISCUSSION

Broad spectrum antibiotic coverage was given•tab solifenac 5mg BD•tab dinogest 2mg OD•analgesics and antacids•supra pubic catheter and pelvi uretric cather was retained for 4 weeks. daily flusing was done to avoid blockade.•GnRH agonists started after 1 month. endometrial aspirate: endometrial hyperplasia without atypia.•cystectomy specimen: bladder wall with acute on chronic inflammation.•scar tissue: fibrocolllagenous tissue with endometrial glands

CONCLUSION

Treatment of bladder endometriosis requires a combine d surgical team involving a gynecologist and urologist for the best possible result.

REFERENCE

Scar endometriosis - a rare cause for a painful scar: a case report and review of the literature. Danielpour PJ, Layke JC, Durie N, Glickman LT. Can J Plast Surg. 2010;18:19–20. doi: 10.1177/229255031001800110. [DOI] [PMC free article] [PubMed] [Google Scholar]