Chirurgia (Bucur). 2018;113(5):695-703
http://dx.doi.org/10.21614/chirurgia.113.5.695

Parietal Endometriosis: A Challenge for the General Surgeon

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Abstract
Background: Parietal endometriosis (PE) is a rare pathology, which usually develops in fertile women, after surgical or gynecological procedures. Its quasi-pathognomonic symptomatology consists in catamenial pain with or without palpable mass. The diagnosis can be challenging because it may be confused with stitch granuloma, hematoma, hernia or even cancer.
Patients and methods: Between January 2007 and December 2017, 10 female patients with PE were referred for diagnosis and surgery to our clinic.
Results: The mean age of the patients was 35.8 years. The primary symptom was pain (9/10 patients) and a palpable mass was present in all patients. Five cases were correctly preoperatively diagnosed as PE and five were misdiagnosed as tumors (4 patients) and stitch granuloma (1 patient). Eight patients had a history of gynecological procedure (cesarean section, episiotomy) and two had no previous surgical interventions. The size of the mass varied from 1 cm to 14 cm. Resection of PE required parietal reconstruction with mesh in five patients but for the rest of the patients no mesh was needed.
Conclusions: Our study confirms PE as a rare surgical entity and indicates the necessity of thorough history and physical examination, as well as imaging exams, for making the correct diagnosis in order to choose the appropriate surgical procedure.
Key words: parietal endometriosis, perineal endometriosis, abdominal endometriosis, scar endometriosis, endometrioma