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SCAR ENDOMETRIOSIS IN PREVIOUS LSCS: A CASE SERIES IN A TERTIARY CARE HOSPITAL

Endometriosis refers to presence of functional endometrial glands and stroma lying outside the uterine cavity. Scar endometriosis is extremely rare and accounts for less than 1% cases of endometriosis. Aim was to observe the presentation of scar endometriosis in patients coming to tertiary care hospitals and to evaluate and manage such patients. The 1st case was 27years, P2L2, previous 1 LSCS, with complaints of mass at scar site gradually increasing in size associated with pain, pricking sensation which increased during menses. She was diagnosed as a case of scar endometriosis by USG. The pain and swelling relieved on taking dinogest tablets for 6 months. 2nd case, 33yrs, P2L2, previous 1 LSCS, complaints of dysmenorrhea with pain over scar for last 6 months. Pain relieved on taking doxycycline, metrogyl and ovral L. 3rd case, 26 yr, P2L2, 2 Previous LSCS, complaints of pain at lscs scar site during menses since 2 years, not relieved on taking Tab Dinogest for 2 years. Excision of 4x5cm endometriotic tissue was done, adhered to rectus sheath and peritoneum. Diagnosis confirmed by histopathology. Thus, 3 cases have been managed by different methods and have been helpful in guiding further management of such cases.

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