International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Ghorpade N et al. Int J Reprod Contracept Obstet Gynecol. 2025 Oct;14(10):3567-3569
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20253111

Case Report

A scar that cycles: unmasking episiotomy site endometriosis: a case report

Niteen Ghorpade*, Tushar Rahane, Anuvi Sinha

Department of Obstetrics and Gynecology, Inspiria Laparoscopy and IVF Research Centre, Rahata, Maharashtra, India

Received: 18 July 2025
Revised: 21 August 2025
Accepted: 29 August 2025

***Correspondence:**
Dr. Niteen Ghorpade,
E-mail: niteenghorpade9@gmail.com

ABSTRACT

Endometriosis is a condition characterised by occurrence of endometrial cells outside the uterine cavity and when it appears at the previous scar site like episiotomy scar, caesarean scar or laparoscopic port incision scar sites, it is called extrapelvic or cutaneous endometriosis. Here we present a case of 31-year-old lady who had vaginal delivery with episiotomy scar 6 years ago. She presented at our center with cyclical pain at the episiotomy scar site and a hard nodular mass of 3×4 cm was found at the episiotomy site. She underwent complete excision of mass after thorough examination and imaging. The hsitopathology report confirmed the diagnosis. Hence, we knew that the definitive treatment of episiotomy scar site endometriosis is surgical and medical management has no role.

Keywords: Episiotomy, Scar site endometriosis, Cutaneous endometriosis, Extra pelvic endometriosis, Vaginal delivery, Caesarean section

INTRODUCTION

Endometriosis is a non-malignant gynecological condition characterized by presence of ectopic endometrial glands and tissue. The overall incidence of endometriosis is 5-10% of women and it presents with a variety of symptoms. It can be divided to be found at pelvic and extrapelvic site. Extrapelvic endometriosis is quite uncommon and it commonly involves organs and tissue outside the pelvis like upper gastrointestinal tract, diaphragm, lungs, retroperitoneal structures like kidneys and ureter, nerves, surgical scar site, etc. In this article we are going to focus on extrapelvic surgical site endometriosis. Its incidence varies from 0.03% to 1.08%. It is a very rare condition characterized by appearance of endometriotic tissue in close proximity to incision site of the previous surgery.[1]

CASE REPORT

A 31-year-old, P1L1, previous full term vaginal delivery with right mediolateral episiotomy with uneventful intrapartum and postpartum period 6 years ago, presented to our OPD with complaints of cyclical pain at episiotomy scar site for 3 years with normal vitals BP-110/70 MMHG; P- 98 / MIN There was no complaints of passing urine or stool. The pain was not being relieved by medication and her symptoms were coinciding with her menses. On physical examinations, the vitals of the patient were stable. Local examination revealed a 3×4 cm hard nodule present over episiotomy site which was extending to external anal sphincter subcutaneously. Local tenderness was present. No rise of temperature and discharge from the lesion site was seen. On per rectal examination, no mass or nodule was palpated. Transperineal ultrasound revealed involvement of subcutaneous layer with hyperechoic area of 3×4 cm extending upto extenal anal sphincter superficially mostly suggestive of endometriosis. Screening sonography of pelvis revealed normal findings. Patient was examined under anesthesia in lithotomy position and surgical incision taken over the mass. The mass was excised upto extenal anal sphincter by sharp dissection till right ischioanal fossa. There was no

involvement of both internal and external anal sphincter. Excision of endometriotic nodule of size 3×4 cm was done. Remaining tissue was closed with vicryl no. 1. Procedure was uneventful and patient was shifted back to ward. She was discharged post operative day 2 with normal vitals.

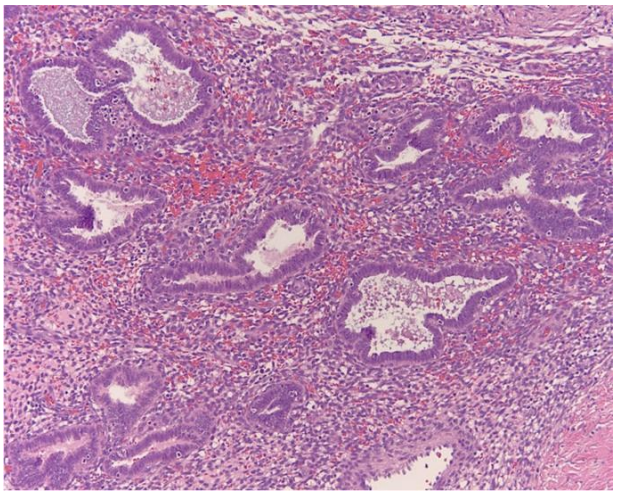

Figure 1: Histopatholoigical examination suggestive of Endometriosis. Endometrial gland within skeletal muscle.

DISCUSSION

Perineal endometriosis is a very rare entity and it usually occurs at previous episiotomy scar or perineal tear site. Perianal endometriosis can sometimes occur without presence of any scar. Its incidence is approximately 0.2%. The diagnosis becomes difficult in absence of any symptom of cyclical pain and can often be confused with localized abscess. The demographic analysis showed that it usually occurs in child bearing age group followed by any obstetrics or gynecological procedures.[2]

The occurrence of endometriosis at perianal site can be attributed to deposit of endometrial cells at the time of delivery in the perineum.[3] This very well explains the pathogenesis of episiotomy scar site endometriosis in our case. Any scar site endometriosis presents as subcutaneous mass around the scar site on patient's examination. It may or may not be attached to the connective tissue around it. More exhaustive examination needs to be done if the endometriotic mass is not palpable and patient complains of just pain at the scar site. Ultrasonography, CT scan or MRI scan can be used to determine the location of the lesion but they also have diagnostic limitations. Definitive diagnosis and treatment can be done by surgical excision and histopathological examination (HPE). In our case, the HPE report showed fibroadipose and fibromuscular tissue with endometrial glands and stroma, hemorrhages along with proliferating capillaries and infiltration by chronic inflammatory cells comprising of lymphocytes and histiocytes. This finding was consistent with episiotomy scar endometriosis. Extensive excision should be done to prevent further recurrence with endometriosis free margin of at least 10mm on all sides. There is no evidence that the hormonal treatment is effective in treating the lesion. Both oral contraceptive pills and gonadotrophins can alleviate the symptoms for the time being but cannot dissolve the macrodisease present. As the recurrence rate is low and it is less invasive disease, surgical management can be recommended as the first choice of treatment. The incidence of malignant transformation is very low with clear cell carcinoma being the most common followed by endometroid carcinoma. Iatrogenic endometriosis is most commonly associated with malignant transformation as in those individuals cancerous mutations may be present.[4]

Prevention of contamination of surgical layers by endometrial or decidual cells to a minimum level during vaginal delivery can reduce the incidence of episiotomy site endometriosis. Also changing gloves before repairing an episiotomy scar is an effective way to reduce deposit of endometrial cells or decidua in the episiotomy scar site.[5]

The common differential diagnosis of the scar site endometriosis includes hematoma, lipoma, tumour, abscess, scar granuloma, keloid tissue etc. and should be ruled out before further progression.[6]

CONCLUSION

Episiotomy scar site endometriosis is a type of scar endometriosis which is commonly related with deposition of endometrial and decidual cells in it during vaginal delivery. Thorough physical examination should be done when patient presents with cyclical pain with or without mass at the scar site. Ultrasonography, CT scan or MRI can be used to find out the nature of the mass and its extent of invasion into adjacent structures. Definitive treatment is surgical excision which helps in both diagnosis and management of the condition.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Sinha A, Rahane TL, Ghorpade N. When endometriosis returns: managing vault involvement after hysterectomy: a case report. Int J Reprod Contracept Obstet Gynecol 2025;14(7):2391-4.
2. Hakami R, AlMansour S, Aloraini HM, Alturki NI, Alswayyed M, AlHarbi RA, et al. Isolated Perianal Endometrioma: A Case Report and Literature Review. Am J Case Rep. 2022;23:e934745.
3. McComb K, Barghash M, Eltayef S. Perianal Endometriosis: An Uncommon Site for a Common Problem. Cureus. 2023;15(9):e44840.
4. Hirata T, Koga K, Osuga Y. Extra-pelvic endometriosis: A review. Reprod Med Biol. 2020;19(4):323-33.

5. Durairaj A, Sivamani H, Panneerselvam M. Surgical Scar Endometriosis: An Emerging Enigma. Cureus. 2023;15(2):e35089.
6. Gonzalez RH, Singh MS, Hamza SA. Cutaneous Endometriosis: A Case Report and Review of the Literature. Am J Case Rep. 2021;22:e932493.

Cite this article as: Ghorpade N, Rahane T, Sinha A. A scar that cycles: unmasking episiotomy site endometriosis: a case report. Int J Reprod Contracept Obstet Gynecol 2025;14:3567-9.