CLINICAL VIGNETTE

Anesthesia for a Patient With Cutaneous Endometriosis

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Introduction

Endometriosis is endometrial tissue found outside of the uterine cavity and it often leads to infertility and chronic pain. Depending on the location of the endometriosis, the patient can have various presentations that could muddle the diagnosis and delay treatment as there are reports of endometriosis being found in places such as the gastrointestinal track[1] and cutaneous surgical scar sites.[2] Cutaneous endometriosis is rare and represents less than 1% of all ectopic endometrium[3] and it is classified as primary and secondary with primary being without any prior surgical manipulation and secondary is as a result of a surgical history.

Secondary endometriosis is usually a result of iatrogenic implantation of endometrial cells during surgery and it can be found after open or laparoscopic cases, while the pathogenesis of primary endometriosis is still uncertain.[3] Cutaneous endometriosis can very rarely be complicated with a fistula formation, however, these conditions have been treated successfully via surgical resection.[4]

Case Report

A 33-year-old female presented to our preoperative anesthesia clinic for excision of a 1x2 cm cutaneous endometriosis at her cesarean section scar site after her surgery 2 years prior in Venezuela. Her other medical conditions included dysmenorrhea and obesity. The patient stated that the lesion had been there since her cesarean section and that the pain is worse with her menses and it sometimes bleeds with menses as well. She had a CT-guided core biopsy of the lesion which proved to be endometriosis. She had tried oral contraceptive pills and nonsteroidal analgesics without success and wanted to proceed to remove the lesion surgically.

On the day of the procedure, the patient was brought to the operating room. Monitors were placed and the patient was given intravenous sedation which included versed, fentanyl and propofol. After she was sedated, she was prepped and draped and was given local anesthetic around the lesion and it was easily removed. The sedation was then turned off at the end of the procedure and the patient was taken to the post anesthesia care unit (PACU). She recovered well and was sent home shortly after that.

Discussion

Endometrial tissue in a surgical scar is not common and can often be misdiagnosed.[2] In darker skin individuals, cutaneous endometriosis can be mistaken for keloids.[5] There is a prior report of a woman developing cutaneous endometriosis after caesarean section,[6] similar to our patient described above. There is another report of a tubocutaneous fistula developing in a post cesarean section surgical scar. Surgery excision was the treatment of choice.[7] As hormonal therapies can improve symptoms but they do not remove these lesions. Complete wide excision of cesarean scar endometriosis is both diagnostic and therapeutic.[8]

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