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RESEARCH ARTICLE

PERINEAL ENDOMETRIOSIS: ABOUT A RARE CASE

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ABSTRACT

Perineal Endometriosis is a rare condition defined by the presence of endometrial tissue outside the uterine cavity, most often on the episiotomy scar or after obstetrical trauma. Symptoms are nonspecific and usually include pain and the presence of a nodule at the incision site that increases in size during menstruation. The diagnosis can be based on MRI prior to wide surgical excision to confirm the diagnosis after pathological reading. We report the case of a 28 year old female patient who presented a perineal endometrioma 2 years after a vaginal delivery.

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INTRODUCTION

Perineal endometriosis can be defined as the presence of functional endometrial tissue in the superficial perineum outside the uterine cavity (Juaqing, 2015). It is a benign, chronic, estrogen-dependent disease. It usually occurs in cases of previous episiotomy or laborious delivery with perineal tear (Nalini Sharma, 2018). It is an entity rarely described in the literature. Its clinical diagnosis is difficult and is confused with abscesses, hematomas, suture granulomas, desmoid tumors and sarcomas. We report a rare case of localized perineal endometriosis on an episiotomy scar 2 years after a vaginal delivery diagnosed by clinical examination and imaging, mainly perineal MRI.

Observation AND Clinical Case: Patient information: This is a 28-year-old female patient, O-positive grouping, no particular medical history, second gesture, second pare. Her cycles are regular, under no contraceptive method at present.

Chronology: The last delivery was 2 years ago with episiotomy without instrumentation or other notable incidents. The patient reported cyclical perineal pain, especially at the episiotomy scar.

Diagnostic approach: A perineal MRI was requested which showed a T2 hyper signal spot in the perineal region as well as a fibrous nodule opposite the episiotomy scar evoking an endometriotic nodule while respecting the anal sphincter, and without other signs of deep endometriosis (Figure 1).

Clinical results: The clinical examination revealed a nodule of soft hard consistency palpable at the perineal level, 2 cm in diameter, painful on palpation; on examination with the speculum, the cervix appeared healthy; on rectal touch, the recto vaginal septum was free as well as the uterosacral spaces.

Therapeutic intervention: Under spinal anaesthesia, the patient benefited from a wide resection bringing back the endometriotic nodule, after having taken back the old episiotomy scar. The operative specimen was sent for pathological examination (Figure 2). The histological examination confirmed the diagnosis of endometriosis. The postoperative course was simple with no significant recurrence (Figure 3).

Follow-up and results of therapeutic interventions: The postoperative course was simple, and a clinical check-up was performed 1 year after the procedure with no particularities.

Informed consent: The patient consented to the publication of her clinical case after having been informed of the scientific interest of sharing her rare pathology.

DISCUSSION

Perineal endometriosis is a relatively rare medical condition, which may be due to the transplantation of viable endometrial cells into the episiotomy wound for example; this can be shared in the form of endometrial plaques that respond to circulating hormone stimuli (3).

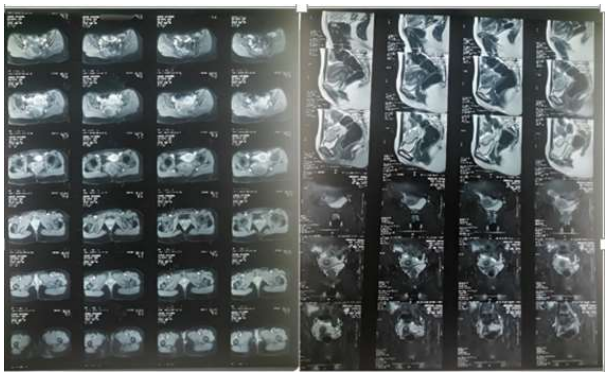

Figure 1. Pelvic MRI showing the perinealendometriotic nodule

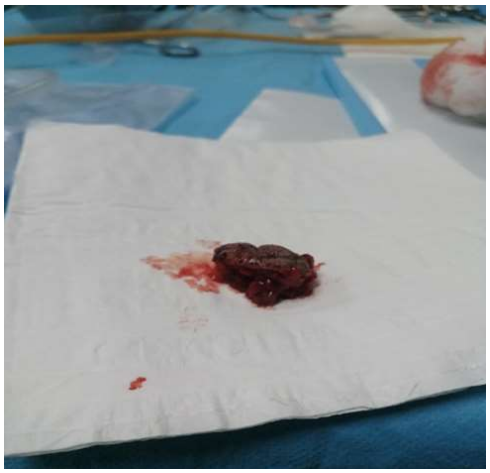

Figure 2. Surgical specimen of the endometriotic nodule after its resection

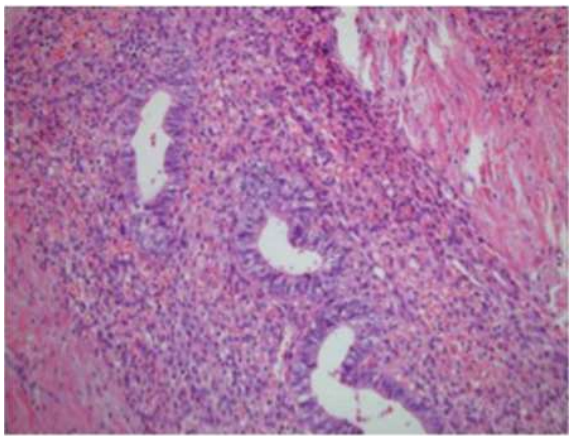

Figure 3. Hematoxylin and eosin staining of the pathological preparation

The diagnosis should be considered in case of a painful syndrome and/or presence of perineal swelling in a woman during genital activity (Gordon, 1976). In fact, it is relatively easy to diagnose when the symptoms are cyclic, as described in our patient. In a series of 17 cases of endometriosis with episiotomy scars, the incubation period was 2 to 240 months (Li, 2015), whereas in our patient it was 2 months. Perineal examination as well as anorectal and rectovaginal septum examination should be performed routinely in all women with chronic pelvic pain, especially if they have had an episiotomy or other obstetric tear. The differential diagnosis of perineal endometriosis is perineal abscess, and above all anal melanoma with its often bluish color can also be confused with endometriosis nodules (Cheng, 1991). Perineal ultrasound remains an inexpensive morphological examination that can be used to make the diagnosis, but the appearance remains non-specific with nodules that are most often heterogeneous and sometimes hypoechoic, with intentionally blurred, irregular external margins of variable shape and size (Roman, 2011), in our patient ultrasound was not used. MRI is currently is the reference imaging examination for making the diagnosis of endometriosis, especially in the preoperative workup, the perineum usually shows fibrous hyperplasia with apparent hypo signal on T2 sequences But with stellate, retractable osmosis, which can be considered as the aspect is the most impressive (Na Chen, 2012). The other advantage of MRI is that it allows us to see other endometriotic implants at a distance. However, the definitive diagnosis is usually established after histopathological examination of the excised nodule, as was the case in our patient. Treatment of scar endometriosis after episiotomy may include the following Wide local excision of the endometrial tissue with margins of 1 cm of healthy tissue, sometimes a sphincteroplasty can be performed, if the anal sphincter is affected; to reduce the risk of recurrence. This surgery can be performed under local or general anesthesia (Watanabem, 2003). A complementary hormonal treatment can be prescribed based on progestin or GNRH analogues, while in our case: she benefited from a wide surgical excision under spinal anesthesia with a good clinical improvement. The advantages of surgery include symptom relief, preservation of healthy tissue and removal of a possible malignant lesion. Of these conditions of complete surgical resection, and in the absence of other associations the risk of recurrence is rare (Zhu, 2009).

CONCLUSION

The pathology of perineal endometriosis is uncommon and usually diagnosed late. We emphasize the importance of addressing the diagnosis when a patient presents with cyclic pain following episiotomy, whether near or far. A clinical examination, possibly reinforced by ultrasound or MRI, can help confirm the diagnosis. Surgical removal of the complete endometriotic nodule is the best approach for permanent cure.

Conflicts of Interest: The authors declare no conflicts of interest.

Contributions des auteurs

- Patient Management: Allaeeddine BOUCHAIB*
- Data collection:Allaeeddine BOUCHAIB*, et jaouad KOUACH
- Manuscript writing:Allaeeddine BOUCHAIB*
- Manuscript revision:abdellah BABAHABIB, jaouad KOUACH
- All authors have approved the final version of the manuscript

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