



## CASE REPORT

# Malignant Transformation of Endometriosis in Abdominal Surgical Scar

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## Anamnestic information

- **A 47 y.o female, healthy, G4P2AB2.**
- **CSx1- 22 years ago** at 31 w for fetal distress and pre-eclampsia.
- **Major complains** –
  - **A “bump” on her pubic bone.**
  - **Dysmenorrhea** since her CS 22 years ago (NSAIDS every month), menses regular 30/4-5.
- **Family** - no cancer history.

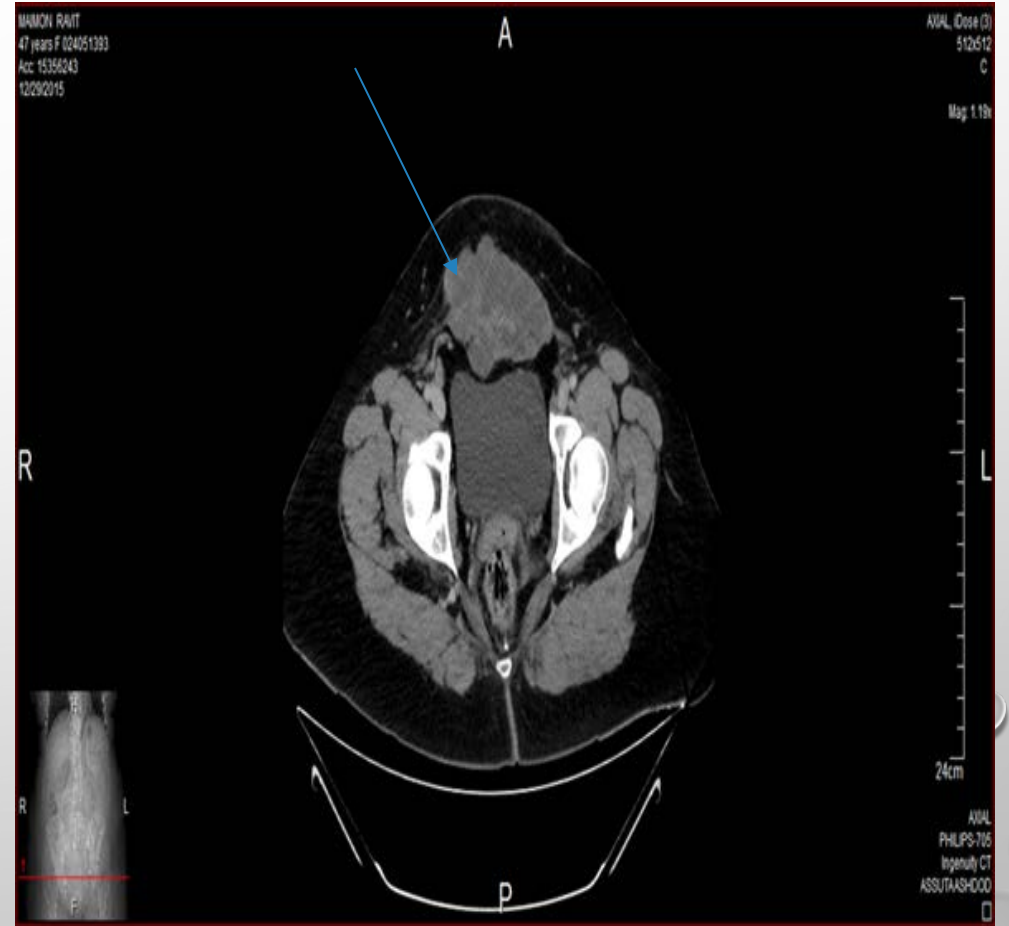
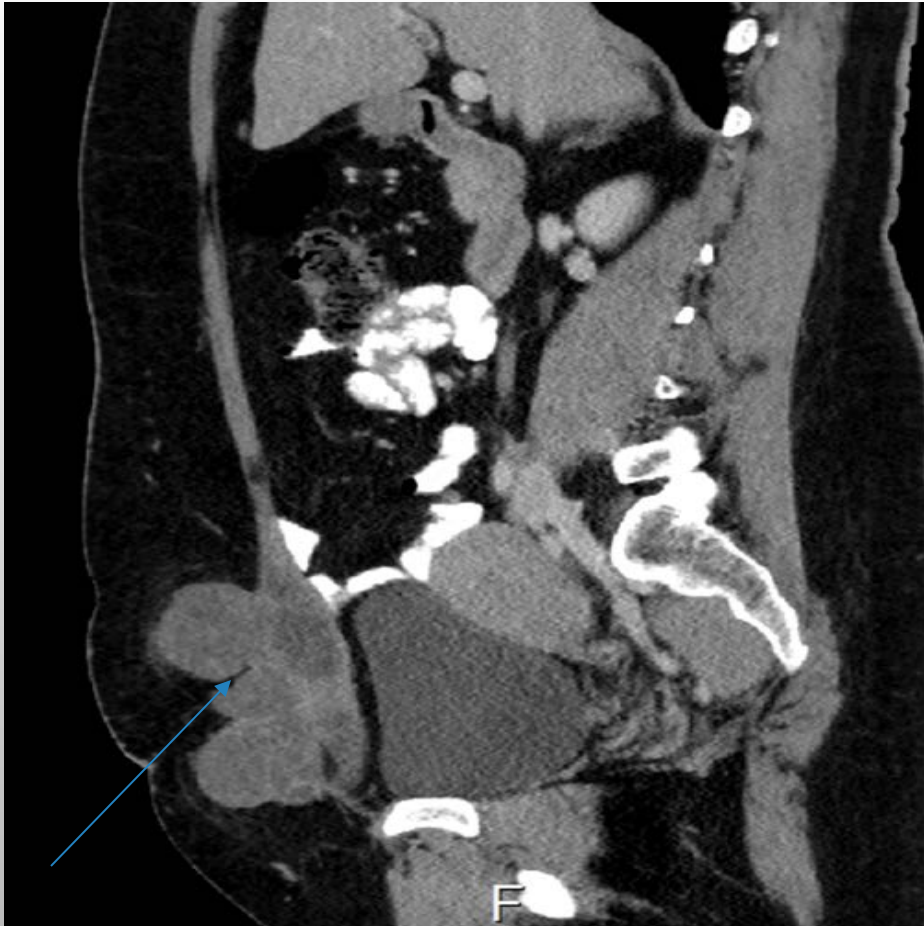
## Physical exam:

- Few solid, non-painful, irregular masses in surgical scar.
- Largest mass ~ 6 cm.
- On the pubic bone two solid masses, not mobile.
- PV/PR/PS – normal.

## Pre-operative work-up:

- **Biopsy** – “primary abdominal wall clear cell carcinoma from scar endometriosis.”
- **CT (Pelvic-abdomen-chest)** –
  - Normal size uterus, Multi locular mass in the abdominal wall, **partially involving the abdominal muscles.**
- **Abdominal US** -
  - “A solid, heterogenic mass in the previous CS scar formed from a number of non-vascular blocks that blend together.”
  - Size - **5.4 x11.2 x11 cm.**
- **Markers** - **CA125 = 96.**

# CT scan

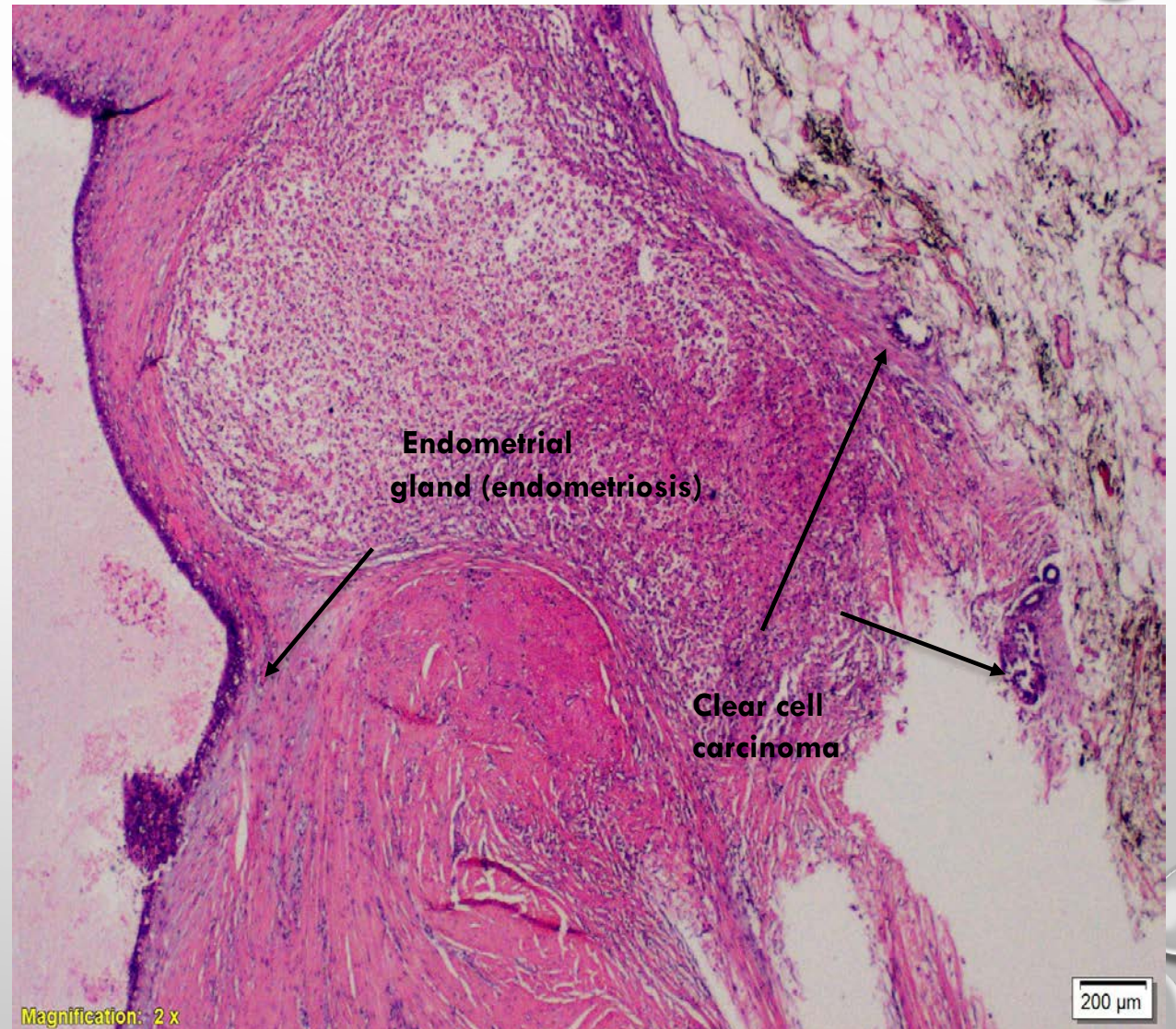


## Surgery:

- **Laparotomy** - midline sub-umbilical incision.
- **Findings –**
  - **The mass**
    - In connection with the fascia in the past surgical scar.
    - Involving the periosteum of the pubic bone.
    - Occupying the Retzius space.
  - **No involvement of the retroperitoneal space** was seen/felt
  - There were **no signs of pelvic endometriosis**.
- **Resection of the mass, TAH, BSO.**
- The abdomen was closed with a **mesh** by the general surgeon.
- A drain was left in place for a week after the surgery.

# Final pathology report

- **Abdominal wall clear cell carcinoma & endometriosis.**
- **No vascular invasion.**
- **Uterus & adnexa - free of tumor.**
- **Surgical margins involved in supra-pubic region.**
- **ER-,PR-.**



# Post- operative follow-up & treatment

- **Discharged POD-3.**
- **Chemotherapy IV Paclitaxel & Carboplatin x 8 cycles**
  - Post 6 cycles **CA125 = 34.**
  - **PET- CT** - revealed involvement of **bilateral deep inguinal LNs (non-palpable) & small pelvic LNs (Lt>Rt).**
  - 2 more cycles **CA125 = 29.**
  - **Repeated PET- CT** - revealed **same as before (Rt>Lt).**
- **Asymptomatic.**
- **Multi-disciplinary discussion** -
  - Future treatment ? additional surgery?
  - Decision - **keep clinical follow up & monitor CA 125 levels** (X 3 months, for a year).



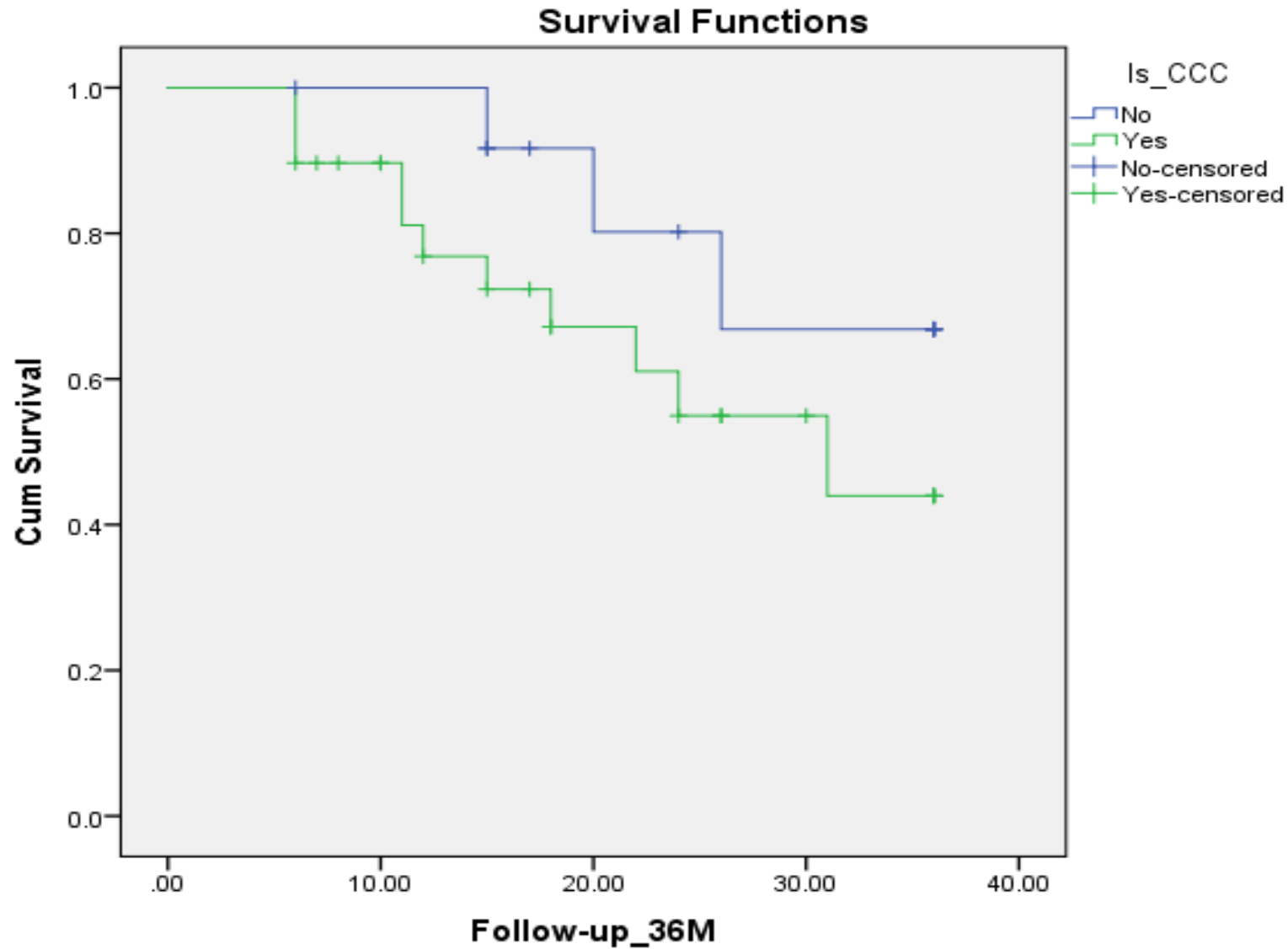
## Discussion

- Incidence of endometriosis in scar - **0.5–1.0%**.
- Endometriosis-associated abdominal wall cancer is **rare & aggressive**; **only 47 cases** have previously been reported.
- Most common malignancy - **clear cell carcinoma**.
- It seems to be associated **mostly with CS scars**.
- **The therapeutic strategy has not been determined**.
- The mainstay of treatment remains **extensive surgery & adjuvant chemotherapy** (platinum – based).

# Literature review (N=48)

<b>Age Years</b> (Mean +/-S.D, Range)	<b>45.9 +/-6.6</b> <b>37-60</b>
<b>Histological type (%)</b>	
<b>Clear cell</b>	<b>66.7</b>
<b>Endometrioid</b>	<b>14.6</b>
<b>Serous</b>	<b>8.3</b>
<b>Mixed</b>	<b>4.1</b>
<b>Other</b>	<b>6.2</b>
<b>Surgical scar (%)</b>	
<b>Cesarean</b>	<b>87.5</b>
<b>Other gynecological</b>	<b>12.5</b>
<b>Interval since last surgery years</b> (Mean +/-S.D, Range)	<b>18.6 +/- 7.9</b> <b>5-41</b>
<b>Tumor largest diameter cm</b>	<b>17 +/- 3.3</b> <b>4-17</b>

## Kaplan-Meier curve (36 m) - CCC vs non-CCC





*Thank you for your  
attention*

*Any questions?*