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Dear editor,

### Clinical presentation of incisional (cesarean section scar) endometriosis vary with the size of the lesion

Endometriosis is described as a growth of ectopic endometrial tissue outside the uterine cavity which usually occurs in pelvic sites like ovaries, posterior cul-de-sac, ligaments of uterus, pelvic peritoneum and rectovaginal septum. It consists of 8 % – 15 % of all menstruating women and responds to hormonal stimulation. Extrapelvic sites of endometriosis are less common, including nearly every organ, such as lung, appendix, nose, umbilicus, peritoneum, even intestinal wall (1).

The most common extrapelvic form of endometriosis is cutaneous endometriosis, the majority of which develops in scars following obstetric and / or gynecologic surgery (2). Endometriosis is between 0,03 and 0,4 % following a Cesarean section (C / S), developing on the surgical scar (3). Diagnosis of this disease is not simple since it is often mistaken for a suture granuloma, incisional hernia, lipoma, abscess, cyst or a foreign body. However, a mass in a C / S scar, with symptoms of cyclic pain related to menses, is nearly pathognomonic.

We report 3 Turkish women, (ages: 22, 30 and 32 yrs) presenting with painful abdominal masses measuring 3x2, 2x2 and 1x1 cm, respectively in October 2009. Each patient underwent surgical excision and histopathological examination confirmed the prediagnosis of incisional endometriosis (4, Figure 1, 2). Francica et al investigated the relation between the size of the lesion and the duration of hospital admission in 28 women having 31 scar endometriomas in May 2009. This recent study reported that large scar endometriomas (LSEs,  $\geq 3$  cm) were associated with a delay in diagnosis comparing with small scar endometriomas (SSEs,  $< 3$  cm). This was due to the fact that the mean interval between the last C / S and the hospital admission were longer in patients with LSEs (5).

The results of our study (4) supported the outcome of the mentioned study (5). For example, the 32-year-old patient having 3x2 cm (LSE,  $\geq 3$  cm) had undergone C / S 5 years ago from the admission time to our hospital. On the other hand, the 30-year-old patient having a 2x2 cm lesion (SSE,  $< 3$  cm), and 22-year-old patient having a 1x1 cm (SSE,  $< 3$  cm) lesion, have undergone C / S 12 months and 3 months, respectively, before the hospital admission (4).

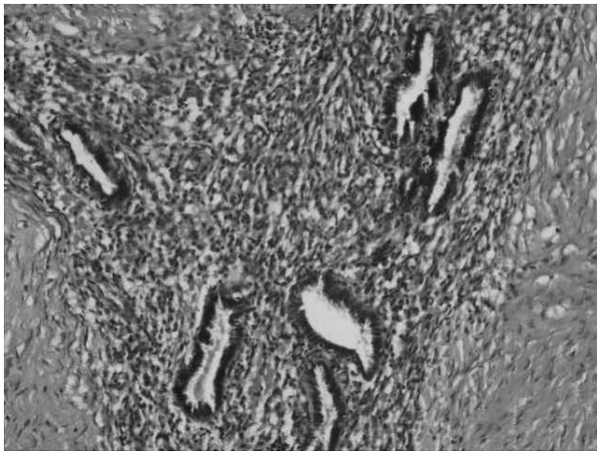
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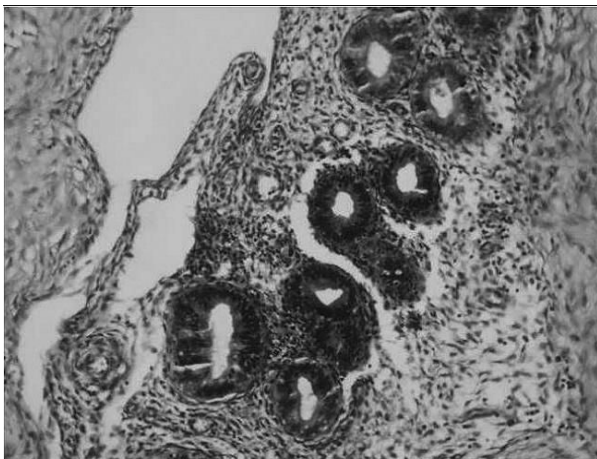
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In conclusion, we detected that the outcome of our case series was similar to the recent study in which LSEs were associated with a delay in diagnosis compared with SSEs regarding mean interval between C / S and the hospital admission. However, the restricted number of our cases was the weakness of the study. We believe that outcomes of our presented cases may create new thoughts or approaches to the diagnosis and / or treatment of incisional endometriosis.



**Figure 1** - Endometrial stroma and gland structures in fibroadipose tissue in a 30-year-old woman (Haematoxylin and eosin stain, original magnification x400 ).



**Figure 2** - Endometrial stroma and gland structures in fibroadipose tissue in a 32-year-old woman (Haematoxylin and eosin stain, original magnification x400 ).

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