CASE REPORT

Spontaneous hymeneal endometriosis: a rare cause of dyspareunia

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SUMMARY

Vulvar endometriosis can occur after surgery or trauma and cause dyspareunia. A 30-year-old woman presented with orificial dyspareunia lasting for 5 months. Her history was marked by a vaginal birth without perineal injury and the removal of a cyst from the left Bartholin's gland. On examination, we observed a selectively painful, superficial and retractile lesion, 5 mm in diameter at the junction of the hymen at some distance from the Bartholin's scar. Endometriosis was suspected due to the exacerbation of pain during menses. The surgery consisted of excision of the hymenal area of the painful lesion. Pathological examination confirmed the presence of endometrial tissue. The painful symptoms resolved and no additional treatment was administered. Any vulvar lesion, regardless of its appearance and location, can be related to endometriosis. Surgical resection is recommended to relieve the symptoms and provide histological proof.

BACKGROUND

Dyspareunia occurs in 46% of sexually active women¹ and is mainly due to endometriosis,² provoked vestibulodynia, vaginismus, vaginitis, urethritis³ and dermatoses.⁴ Endometriosis is characterised by ectopic growth of endometrial tissue outside the uterine cavity⁵ and can cause dyspareunia when it affects the perineum and the vulva.² Vulvar endometrial lesions usually occur after surgery⁶ or trauma⁷ but rarely spontaneously.^{8–10} The most common sites are episiotomy scars,^{6, 11} Bartholin's gland¹² and more rarely labia majora² or labia minora.¹³

The authors report a case of a spontaneously developed hymeneal endometriosis responsible for dyspareunia.

CASE PRESENTATION

A 30-year-old woman, gravida 1 para 1, presented with orificial dyspareunia lasting for 5 months. Her history was marked by a vaginal birth without perineal injury 18 months ago and the removal of a 5 cm cyst from the left Bartholin's gland 10 months previously. Anatomopathological examination confirmed the diagnosis of chronic Bartholin's glanditis and the post-operative course and healing were favourable. Painful symptoms appeared 5 months after the operation, and were predominant during perimenstrual periods. The patient reported no other symptoms such as dysuria, pelvic pain, dysmenorrhoea or dyschezia. On examination, the Bartholin's scar was observed at the 5 o'clock position. There was also a selectively painful, superficial and retractile lesion, 5 mm in diameter, at the 1 o'clock position at the hymen

Figure 1 Gynaecological examination revealed a selectively painful, superficial and retractile lesion, 5 mm in diameter, at the 1 o'clock position at the junction of the hymen (✓).

junction (figure 1). The rest of the examination was normal. Endometriosis was suspected due to the exacerbation of pain during menses.

Surgery consisted of a rhomboid excision of the hymenal area of the painful lesion and the underlying fibrous tissue. Pathological examination confirmed the presence of endometrial tissue (figure 2). The postoperative course was favourable with disappearance of painful symptoms. No additional treatment was necessary.

DISCUSSION

Spontaneous perineal location of endometriosis is unusual and may be explained by the lymphovascular dissemination theory.^{8, 14} This is the first case of

Figure 2 Histological findings of the excised specimen (×100). In this vulvar squamous mucosa, endometriosis is composed of endometrial glands surrounded by cellular stroma.

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hymeneal location of endometriosis without trauma. Symptoms are often atypical and include vulvar pain, pruritus or dyspareunia.² On examination, an ill-defined dark red, brown or blue-black cystic papule or nodule⁸ or ulcer¹³ can be found. In our case, the lesion was 5 mm in diameter and very superficial with a retractile appearance in an area free of any scar. However, we cannot completely rule out the possibility that this endometriotic lesion was grafted onto a scar made accidentally during the surgery for Bartholinitis. Therefore, the only diagnostic criterion to suggest endometriosis was the cyclic pattern related to menses.⁷ Final diagnosis was concluded by histological analysis, which showed endometrial glandular structures surrounded by a cellular stroma, and the disappearance of symptoms after surgery.

In summary, our case highlights that any vulvar lesion, regardless of its appearance and location, can be related to endometriosis. Surgical resection is recommended to relieve symptoms and provide histological proof.

Learning points

- ▶ Any vulvar lesion, regardless of its appearance and location, can be related to endometriosis.
- ▶ The only diagnostic criterion to suggest endometriosis may be the cyclic pattern related to menses.
- ▶ Surgical resection is recommended to relieve symptoms and provide histological proof.

Competing interests None.

Patient consent Obtained.

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