CASE REPORT

An unusual presentation of endometriosis

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Accepted 3 May 2014

SUMMARY

A 25-year-old nulliparous woman attended an orthopaedic clinic with a 12-month history of right hip pain and was found to have a hard tender mass in her right groin. Fine-needle aspiration yielded a diagnosis of endometrial glands. The lesion was excised completely and the final diagnosis was round ligament endometriosis. The patient was pain free 3 months postsurgery.

BACKGROUND

Endometriosis should be included in the differential diagnosis of groin lesions. Like other body wall endometriotic lesions the mass was discrete (endometrioma) and amenable to complete surgical excision.

CASE PRESENTATION

A 25-year-old nulliparous woman presented to the orthopaedic clinic with continuous right hip pain, exacerbated by hip adduction and flexion. Her medical and surgical history was unremarkable. She had discontinued combined oral contraceptive pill 18 months prior to presentation after 5 years of use. Orthopaedic examination was normal. There was a 2×3 cm tender tense swelling lateral and superior to the pubic tubercle in the right groin (figure 1). The patient had been aware of the lump for 1 year and said the size was unchanged over 6 months. Genital tract examination was normal.

INVESTIGATIONS

Full blood count, inflammatory markers and CA125 (10 IU/mL) were normal. HIV was negative. Ultrasound (US) demonstrated a hypoechoic lesion with some internal flow on colour Doppler (figure 2). MRI of the pelvis showed a soft tissue mass intimately related to round ligament (figure 3). Fine-needle

Figure 2 Ultrasound of the right groin area showing the complex hypoechoic lesion with poor boundaries.

aspiration of the lesion revealed endometrial gland tissue. Transvaginal ultrasonogram of pelvis was normal.

DIFFERENTIAL DIAGNOSIS

Differential diagnosis; abscess, lymphoproliferative disorder, acquired immunodeficiency, trauma, inguinal hernia.

TREATMENT

Diagnostic laparoscopy showed mild endometriosis on the uterosacral ligaments. The groin lesion was excised intact with an attached portion of round ligament through a small inguinal incision (figure 4).

OUTCOME AND FOLLOW-UP

Histopathology confirmed a focus of endometriosis within the round ligament (figure 5). She was pain free at follow-up. She was planning to conceive soon.

DISCUSSION

Endometriosis is the presence of endometrial gland tissues outside the uterine cavity. The most common sites are the pelvic peritoneum and pelvic organs.¹ Extra pelvic endometriosis is an uncommon entity and sites include the bowel, appendix, pleura and lung, abdominal wall, particularly the umbilicus and around surgical scars. Endometriosis in the groin is rare.² The right side is more commonly involved than the left (94%).³ Endometriosis is characterised by cyclical pain that is exacerbated during menstruation. By comparison, extra pelvic disease usually causes constant pain. With pelvic endometriosis serum CA 125 can be mildly elevated. CA 125 level was normal in our case. US and CT are not diagnostic; however, US features of mixed echogenicity and lack of blood flow can be

Figure 1 Clinical picture of the lesion, superolateral to right pubic tubercle.

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To cite: Abu Saadeh F, Wahab NA, Gleeson N. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2014-204270

Figure 3 MRI showing the mass.

Figure 4 The lesion after surgical excision.

Figure 5 Histopathological diagnosis of endometrial gland and stroma within fibrous tissue: (A) low power, (B) immunohistochemical stain with CD10 highlights endometrial stroma and (C) high power.

suggestive while CT helps define anatomy and proximity to vessels.⁴ Treatment options include expectant management, hormonal therapy or complete surgical excision with avoidance of spillage to prevent recurrence.³ Our patient opted for excision, as she wanted to start her family. Body wall endometriosis usually occurs as a discrete endometrioma and complete excision is achievable.⁵ Endometriosis should be included in the differential diagnosis of painful groin mass in women.

Learning points

- ▶ Endometriosis should be included in the differential diagnosis of painful groin mass.
- ▶ Extra pelvic endometriosis presents with continuous pain unlike the cyclical symptoms of pelvic endometriosis.
- ▶ Abdominal wall endometriomata are usually discrete and therefore amenable to complete surgical excision.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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