Abdominal Wall Endometriosis Mimicking Metastases

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Abstract Abdominal wall lesions can be broadly divided into nontumorous and tumorous conditions. Nontumorous lesions include congenital lesion, abdominal wall hernia, inflammation and infection, vascular lesions, and miscellaneous conditions like hematoma. Tumorous lesions include benign and malignant neoplasms. Here, we report an unusual case of abdominal wall endometriosis mimicking metastases in a patient with breast carcinoma.

Keywords Breast carcinoma · Metastases · Abdominal wall endometriosis

A 42-year-old woman presented with right breast lump of 3 months duration. Clinically, she was diagnosed to have right breast carcinoma (stage III b–cT4bN2). She did not have any history of previous surgical procedures. Staging evaluation with computed tomography of the abdomen revealed a 4 × 3.5 cm soft tissue mass in the subcutaneous plane just anterior to the right rectus muscle in the suprapubic region suggestive of metastases (Fig. 1). Ultrasound-guided biopsy from the abdominal wall lesion showed endometrial glands with surrounding stroma (Fig. 2). Immunohistochemical staining demonstrated oestrogen receptor positivity in glands and

stroma confirming the diagnosis of abdominal wall endometriosis. She was diagnosed to have stage III b right breast carcinoma with abdominal wall endometriosis. She was treated with neoadjuvant chemotherapy and right radical mastectomy.

Abdominal wall endometriosis is usually secondary to iatrogenic implantation during a surgical procedure (commonly caesarean section) [1]. However, few cases of anterior abdominal wall endometriosis have been reported without any previous surgical procedures (similar to our case) [2–4]. The diagnosis needs histopathological correlation, because the clinical signs are vague and non-specific. A wide spectrum of disorders should be considered in the differential diagnosis including suture granuloma, hernia, hematoma, cysts, abscess,

Fig. 1 Computed tomography of the abdomen revealed a soft tissue mass in the subcutaneous plane just anterior to the right rectus muscle

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Fig. 2 Histopathology of abdominal mass showed endometrial glands with surrounding stroma

lymphadenopathy, primary or metastatic cancer, sarcoma, and desmoid tumour. The exact pathogenesis of endometriosis remains controversial. Various theories have been described including aerosolization, direct implantation, coelomic metaplasia, vascular metastases, and lymphatic metastasis [5]. The

treatment of choice for endometriosis of the rectus abdominis muscle is a wide local excision of the lesion with negative margins. The treatment of this clinical condition depends on the volume of endometriosis and the location ranging from simple observation, to surgical and medical treatment as well as a multi-modality approach.

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