Case report of a patient with anterior abdominal wall desmoid tumours and intraabdominal endometriosis

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Background

Abdominal wall endometriosis is a rare condition when endometrial tissue is found in the subcutaneous layer and/or muscles of the abdominal wall. Associations with abdominal surgery are known. Its prevalence varies between 0.01% and 1% after caesarean section.

The precise diagnosis may be difficult. The differential diagnosis is wide - incisional hernia, haematoma, lipoma, abscess etc including desmoid tumours. The definitive diagnosis is histopathological.

Case summary

A 42 years old para 2 patient with severe endometriosis including suspected endometriosis of the anterior abdominal wall was admitted for elective joint surgery with a plastic surgeon.

Her symptoms included intermittent chronic pelvic pain, painful palpable hard masses in the abdominal wall. Her pain improved once she was started on gonapeptyl injections. No periods >12 months. She was not sexually active in the last year. She did not report any bowel or micturition symptoms.

There was complex past surgical history with 5 previous operations - Caesarean section, followed by laparoscopic removal of umbilical endometriosis, open myomectomy, repeat Caesarean section and diagnostic laparoscopy with hysteroscopic polypectomy.

Unremarkable past medical history and normal body mass index.

On MRI there was a suspicion of abdominal wall endometriosis with an 8x2x6cm irregular, anterior wall mass, with slightly atypical MRI characteristics. Also two subcutaneous endometriotic deposits at the umbilical level on each side. Deep posterior endometriosis. No adenomyosis, two small intramural fibroids. Both ovaries were unremarkable.

1. MRI showing the large anterior wall mass

The patient underwent a joint surgery with the endometriosis team and a plastic surgeon.

The patient underwent laparoscopic excision of periureteral endometriotic nodules, followed by a mini abdominoplasty under laparoscopic control, with complete excision of three suspected endometriotic nodules from the anterior abdominal wall- two subcutaneous and one intramuscular. No residual nodules were felt.

The histology result of the abdominal wall masses revealed desmoid tumours and the intraabdominal nodules were endometriotic.

1. Laparoscopic view

Abdominal wall endometriosis and abdominal wall desmoids are rare conditions and can occur post surgery - laparoscopic or open. In female patients differential diagnosis between abdominal wall endometriosis and desmoid tumours is difficult. The definitive diagnosis is histopathological.

The clinicians should be aware of the possibility of dual pathology- endometriosis and desmoid tumours.

Conclusion

Abdominal wall desmoids may require abdominal wall resection and reconstruction. As in this case, a multidisciplinary team approach with Plastic Surgery complements our input as it facilitates wider/extensive resection of these tumours in the knowledge that the defects can be reconstructed de novo and/or along aesthetic surgery principles.

Consider laparoscopic guidance to ensure adequate excision margins and to reduce operative time and risks.

References