Endometriosis of the Perineum: a rare diagnosis usually associated with episiotomy

Endometriosis of the Perineum-a rare diagnosis usually associated with episiotomy

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Word count: Précis:13, Body of Text: 447

Running title: Endometriosis of perineum

Disclosures: none
Conflicts of interest: none
Tables 0, Figures 2

Precis:
Endometriosis of the perineum is rare, and is usually associated with prior episiotomy.

Keywords: Endometriosis, perineum, vulva, episiotomy

Introduction:

Endometriosis of the perineum is rare, and is usually associated with prior episiotomy. We present a case and discuss this entity.

Case Report

A 32 year old multiparous woman presented with a draining vulvar mass. The mass became tender cyclically with her menses, and drained after her menses. She had been seen one year prior for an adnexal mass, which on excision was found to be an ovary with a benign cystic teratoma, as well as endometriosis. Past history was significant for an obstetrical laceration, although further details were not available. Examination revealed a 3 x 3 cm firm mass on the perineum at the 7 o'clock position(fig 1). The mass was seen to be draining purulent material. The differential diagnosis was abscess versus endometrioma. The patient underwent wide local excision. On incising the mass, it was found to contain chocolate colored fluid. She made an uneventful recovery.

Pathology: Endometrial glandular epithelium and stroma were identified, diagnostic of endometriosis(fig 2). No evidence of abscess was seen.

Discussion:

Histopathologic confirmation of endometriosis requires the presence of endometrial glandular epithelium and stroma. In enclosed spaces, such as this mass, or in the ovary, the pressure from the chocolate fluid may obliterate these findings, leaving no lining, or only hemosiderin-laden macrophages, in which case only a presumptive diagnosis can be rendered.

Endometriosis involving the perineum is rare, and is usually associated with prior episiotomy(1,2), although it has also occurred in association with other vulvar surgery(3), or extremely rarely in the absence of surgery(4). The mechanism in prior surgery-associated cases is thought to be implantation of endometrial tissue into the scar at the time of delivery. In the rare spontaneous cases, lymphovascular spread has been postulated(4). Although some reported cases have associated ovarian/peritoneal endometriosis, a direct association has not been established. Patients may present with cyclic pain associated with menses, bloody drainage, pruritis(5) as well as enlargement of the nodule, and the nodule may have a blue-black discoloration, and be located under a prior scar. As in peritoneal endometriosis, rarely the lesions may undergo malignant transformation(1). The most common malignancies in malignant degeneration of endometriosis are clear cell and endometrioid adenocarcinomas as well as sarcomas(5). Ultrasound may be helpful in the evaluation of perineal endometriosis(1). Treatment of perineal endometriosis is wide local excision.

In conclusion, vulvar endometriosis is uncommon, but should be suspected, particularly if there is a history of prior surgery, such as episiotomy in the location of the lesion, obstetric trauma, such as in our case, and in patients who present with cyclic

symptomatology. Other locations, such as clitoris(6), hymen(7), or Bartholin gland(8) are other possible vulvar locations. Treatment is complete excision. Very rarely, malignant degeneration can occur.

Abbreviations and Acronyms

none

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