

CASE PRESENTATION

DR. NISHITHA
2ND YEAR PG
Dept. OBG

NAME :- xxxxxx

AGE :- 27yrs

ADDRESS :- Suryapet

CHIEF COMPLAINT :- A P3L3 with 3 previous LSCS came with complaint of cyclical pain abdomen at the scar site since 5 months.

HISTORY OF PRESENT ILLNESS :- Patient was asymptomatic 5 months back after which she developed pain at the caesarian section scar area during menstrual cycle

MENSTRUAL HISTORY :-

LAST MENSTRUAL PERIOD :- 21 / 8 /13

AOM :- 13yrs

DURATION & LENGTH OF THE CYCLE :- 5/30days,
regular,
no h/o passage of clots,
h/o dysmenorrhoea present.

MARITAL H/O:-

Marital life :- 7 yrs

non consanguinous

no h/o usage of oc pills

OBSTETRIC H/O :-

Concieved spontaneously 4 months after marriage.

Pregnancy 1 :-

Confirmed by UPT at 3rd month

Had regular antenatal checkups

Elective LSCS was done

Indi – CPD

Delivered an alive female baby of weight 3.5kgs

Baby cried immediately after birth

Post operative period was uneventful

Acquired milestones and immunised as per schedule

Pregnancy 2 :-

Concieved spontaneously 2years after 1st child birth

Had regular antenatal checkups

Elective LSCS was done

Indi :- CPD

Delivered a live female baby of weight 3.25kg

Baby cried immediately after birth

Post operative period was uneventful

Acquired milestones as per schedule and immunised

Pregnancy 3 :-

Conceived spontaneously 1 1/2 years after last child birth

Had regular antenatal checkup

Emergency LSCS was done

Indi CPD in labour

Delivered an alive male baby of weight 3.4 kg

Baby cried immediately after birth

Post operative period was uneventful

Acquired milestones and immunised as per schedule

PAST HISTORY :-

No H/O Hypertension

Diabetes Mellitus

Tuberculosis

Bronchial asthma

Epilepsy

Thyroid disorders

Heart disease

No h/o any blood transfusions

H/o 3 previous LSCS

PERSONAL HISTORY :-

Diet :- mixed

Bowel and Bladder :- regular

Sleep :- adequate

Appetite :- normal

FAMILY HISTORY :-

No h/o hypertension
diabetes mellitus

No other relevant family history

DRUG HISTORY :-

No h/o any long term usage of drugs or
any drug allergies

GENERAL EXAMINATION :-

Patient is conscious coherent cooperative

Moderately built and moderately nourished

No pallor

icterus

clubbing

cyanosis

pedal edema

generalised lymphadenopathy

Thyroid, breast, spine are normal

VITALS

General condition :- fair

Temperature :- afebrile

Pulse rate :- 88 beats / min

Blood pressure :- 110/80mm of Hg

Cvs :- S1 S2 normal , no added sounds or murmurs heard

RS :- bilatera air entry present

normal vesicular breath sounds

no added sounds

P/A :-

Inspection :-

- Abdomen scaphoid in shape
- Stria gravidarum seen
- umbilicus normal in position , inverted
- Healthy looking transverse scar seen
- No sinuses or visible pulsations seen
- Hernial orifices are free
- All quadrants are moving equally with respiration

PALPATION

- All inspectory findings are correlated
- A small mass of 3 * 2 cms size felt at scar site, tender and fluctuating.

AUSCULTATION

- Bowel sounds :- present

PROVISIONAL DIAGNOSIS

P3L3 with scar endometriosis

DIFFERTIAL DIAGNOSIS

- KELOID
- HEMATOMA
- STITCH GRANULOMA
- ABSCESS
- INCISIONAL HERNIA

INVESTIGATIONS

COMPLETE BLOOD PICTURE

- Hemoglobin :- 10.9 gm%
- Total count :- 9,200/cumm
- Platelet count :- 2.84 lakhs / cumm

COMPLETE URINE EXAMINATION

- Normal

RANDOM BLOOD SUGAR

- 98mg/dl

BLEEDING TIME

- 2 minutes

CLOTING TIME

- 3 minutes 30 seconds

BLOOD GROUPING AND TYPING

- B Positive

SEROLOGY

HIV :- non reactive

HBsAg :- negative

ULTRASONOGRAPHY :-

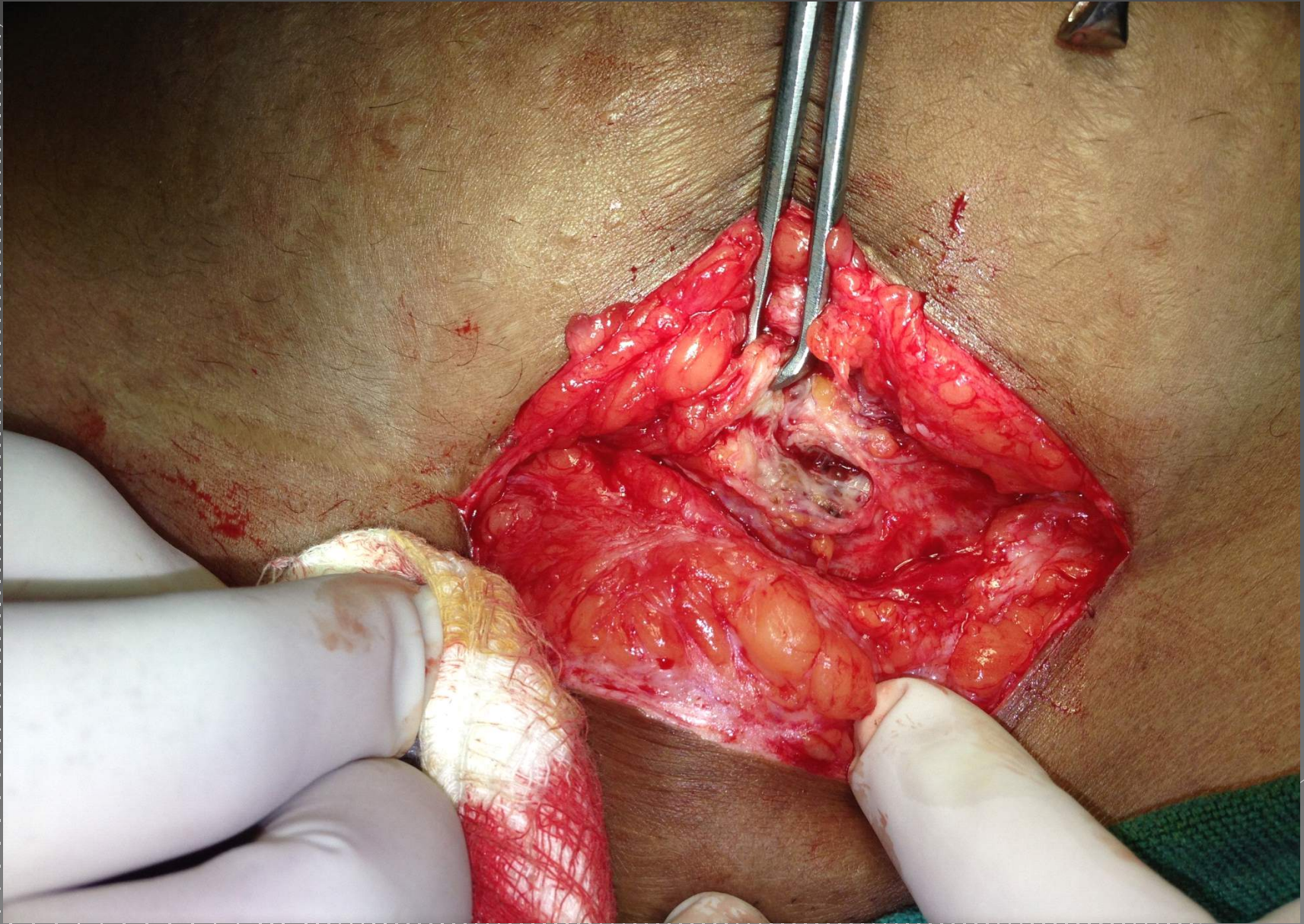
- Heterogenous collection seen in the muscular and subcutaneous plane measuring 36*20*31mm present over anterior abdominal wall in supra pubic region.

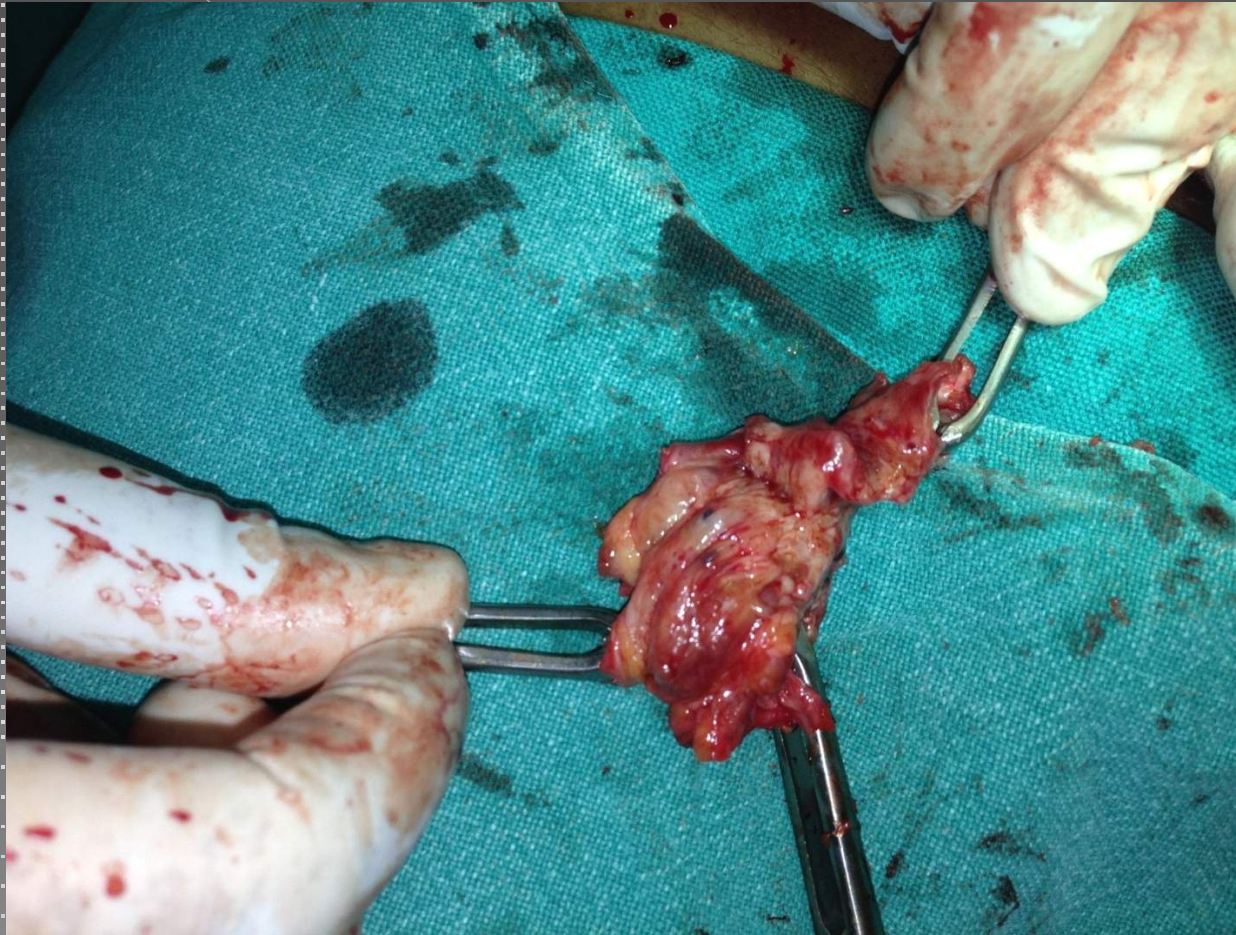
OPERATIVE PROCEDURE :-

In view of increase intensity of pain, patient was posted for wide local excision under general anesthesia

- A wide incision was given surrounding the mass

- Intra operatively, typical bluish black endometriotic spots as powder burn appearance and a small collection of anchovy sauce like fluid on the rectus sheath with endometriotic spots were seen and sent for histopathological study

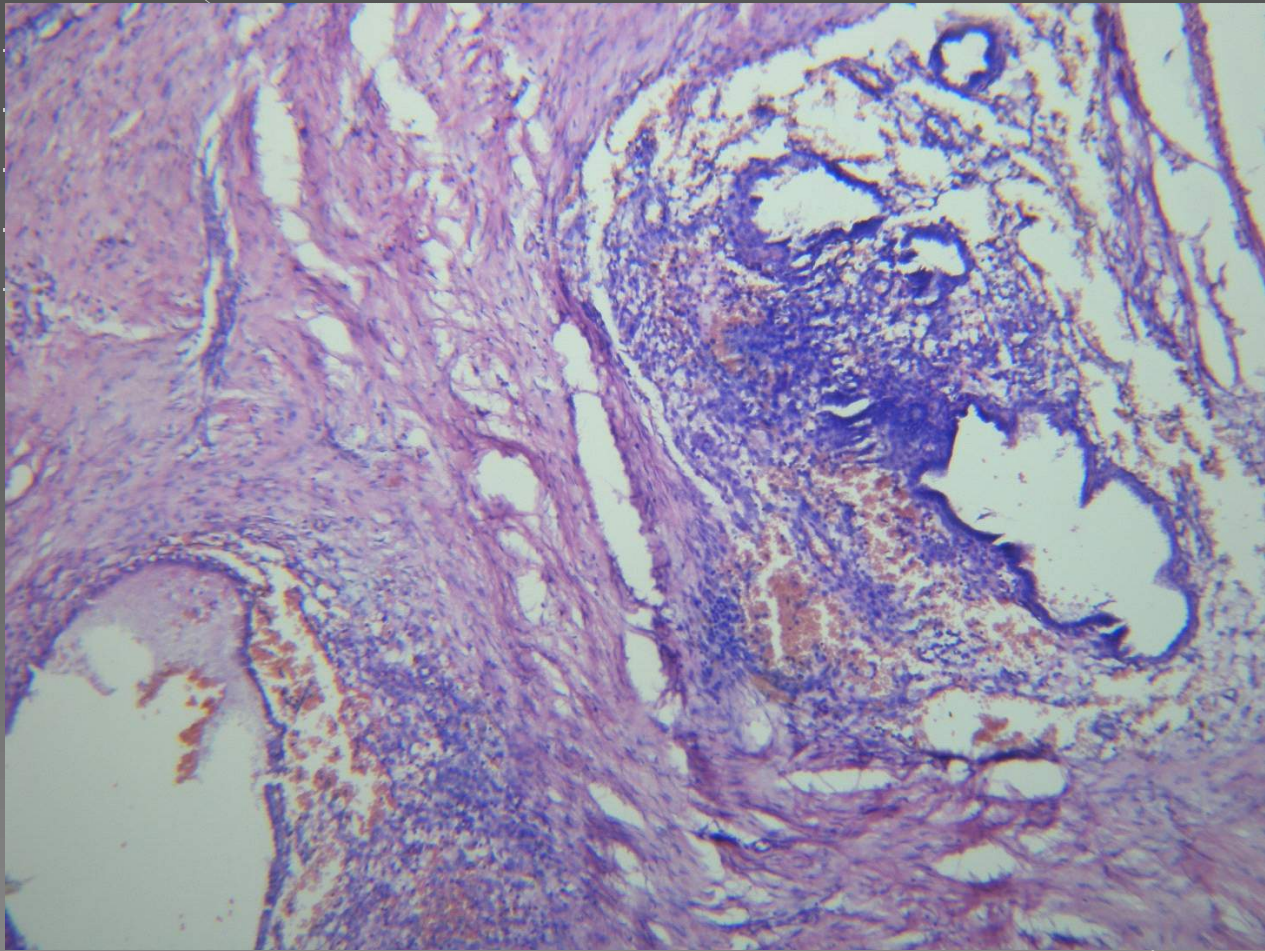




HISTOPATHOLOGICAL EXAMINATION

It showed endometrial glands and stroma interspread with fibrofatty and fibrocollagenous tissue

Hence diagnosis of endometriosis of rectus sheath was conformed.





THANK YOU