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IMAGES IN EMERGENCY MEDICINE**Obstetrics and Gynecology**

Female with intermittently bleeding abdominal wall mass

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A 39-year-old G1P1 female presented to the emergency department (ED) complaining of 1 year of intermittent bleeding from a left lower abdominal wall mass (Figure 1). The bleeding occurs monthly related to her menses. She had a cesarean section 10 years ago and first noticed the mass 6 years ago. She was diagnosed with endometriosis 3 years ago and takes Sprintec (norgestimate and ethinyl estradiol). On examination, the nodule was dusky-appearing, firm, minimally tender, and non-bleeding. The mass was evaluated with bedside ultrasonography (Figures 2 and 3).

1 | DIAGNOSIS

1.1 | Cutaneous endometriosis

Endometriosis is defined as endometrial glands and stroma occurring outside the uterine cavity.¹ Cutaneous endometriosis is relatively uncommon and occurs when endometrial glands and stroma reside



FIGURE 1 Left upper pelvic mass (3 × 3 cm); note neighboring cesarean scar

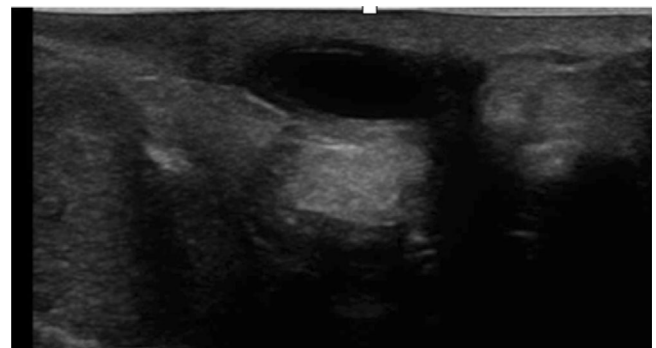


FIGURE 2 Sonographic image of mass, transverse plane (13-6 MHz linear-array transducer)

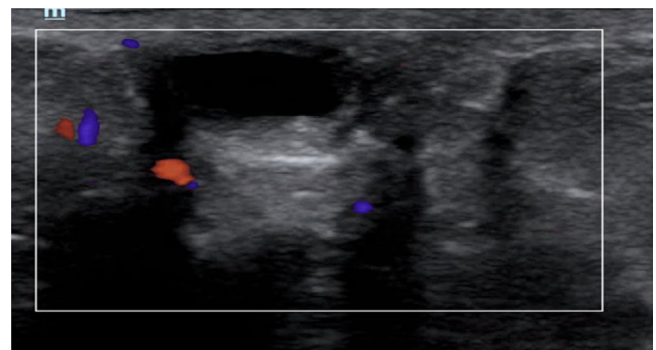


FIGURE 3 Sonographic image of mass, transverse plane (13-6 MHz linear-array transducer with color flow)

in the skin.² Cutaneous endometriosis is classified as primary or secondary. Primary cutaneous endometriosis appears without a prior surgical history and secondary cutaneous endometriosis, also called scar endometriosis, is associated with prior abdominal or pelvic surgery.³ It

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is hypothesized that endometrial cells dislodge during surgery, seeding the wound within and adjacent to the incision sites.⁴ Bedside ultrasonography was followed by a radiology ultrasound that showed a $1.2 \times 0.4 \times 0.9$ cm simple fluid collection at the site of the C-section scar. Just inferior and deep to this fluid collection was an irregularly marginated, heterogeneous hypoechoic lesion with internal color-flow measuring ~ 2.5 cm, compatible with an endometrioma. Because the patient was already taking Spintac, she was given return precautions and instructed to follow up with gynecology for further management.

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