

Case Report

Perineal endometriosis: a case report

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Abstract: A previously healthy 28-year-old G1P1 Asian woman presented with a 1-year history of a painful palpable lesion arising within the left perineum. Histopathology revealed multiple endometriotic foci composed of endometrial glands and moderate dense stroma, surrounded by dense fibro-elastic tissue. This patient was diagnosed as endometriosis and the endometriotic mass was excised under local anaesthesia.

Keywords: Perineum, endometriosis, pathology

Case report

A previously healthy 28-year-old G1P1 Asian woman had a 1-year history of a painful palpable lesion arising within the left perineum. The lesion first presented as a single papule 1 year after normal, not complicated vaginal delivery, then 3 months later, about 6 more papules were presented. The patient was diagnosed as “condyloma acuminata” and was given laser treatment at a local hospital. However, after 1 month, more papules appeared from the same site and were coalescence into a painful mass. The pain was correlating with her menstrual cycle. Physical examination revealed a firm mass with dozens of dome shaped papules measuring approximately 60 × 30 mm in the left perineum inferior to the left labium majus (**Figure 1**).

A punch biopsy was done. Histopathology revealed multiple endometriotic foci composed of endometrial glands and moderate dense stroma, surrounded by dense fibro-elastic tissue (**Figure 2**). Gynecological ultrasound examination was normal. This patient was diagnosed as endometriosis and the endometriotic mass was excised under local anaesthesia. 12 months after operation, the patient is asymptomatic with no signs of recurrence.

Endometriosis, the presence of functional endometrial tissue outside the uterine cavity [1], is

one of the commonest benign gynecological conditions, but rarely affects extra-abdominal organs. Most of the perineal endometriotic lesions may be secondary to mechanical obstetrical and surgical trauma and mostly on episiotomy implantation of endometrial tissue in episiotomy during vaginal delivery or surgical procedure [2]. However, immunological and genetic factors could also be involved in the pathogenesis of perineal endometriosis. This case did not have any surgical history. The reason behind it is undetermined.

Histological examination is necessary for the diagnosis of endometriosis and critical to exclude malignancies. Surgical excision of the lesion is the primary treatment. Narrow excision and incomplete excision may result in high recurrences. Adequate, wide excision of endometriotic tissue seems to be the best chance of cure with satisfactory functional results and should be recommended [3].

Disclosure of conflict of interest

None.

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Perineal endometriosis

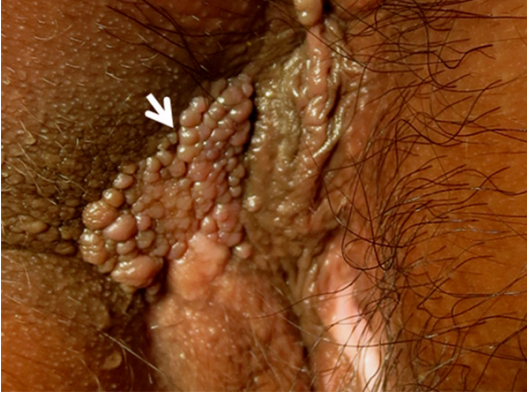


Figure 1. Clinical image of the skin lesion with dozens of dome shaped papules in the left perineum.

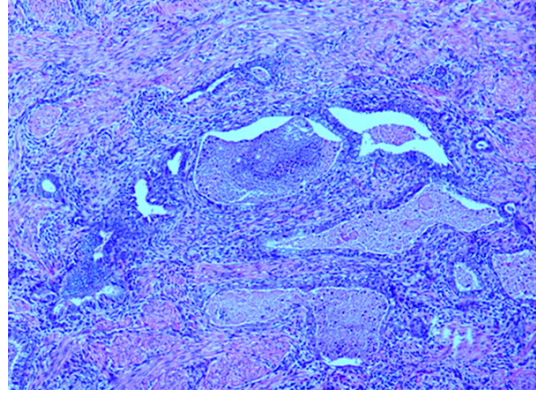


Figure 2. Histopathology of the endometriotic mass.

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