To the editor:

Endometriosis is the presence of functional endometrium in anywhere outside of uterin cavity. This clinical entity is relatively common, that 10-15% of fertile women and 6% of post-menopausal women are affected [1,2]. Cutaneous endometriosis is a form of endometriosis and it usually occurs in the incision scar, after gynecological surgeries, cesarean sections and episiotomies [3]. Cutaneous endometriosis is characterized with painful, bluish skin lesions that may bleed concordantly with menstrual cycle.

Cutaneous endometriosis is extremely rare in patients who haven't undergone any surgical procedures. We would like to share our clinical experience in this topic. A thirty-seven year-old female patient with no parity history admitted to our outpatient clinic because of supra-umbilical mass. Physical examination revealed a fascia defect with a 2 cm diameter, superior to umbilicus. There was also a brown raised skin lesion which is 2x1 cm in greatest diameters, on the left side near umbilicus. Patient underwent open hernia repair and the skin lesion was excised due to patient’s request. After an unproblematic recovery patient was discharged. Histopathological examination of the skin revealed endometriosis (Figure 1,2). Patient’s detailed gynecological history was questioned. Patient was married but failed to conceive a child, despite not using any methods of contraception. She was referred to the infertility clinic.

Cutaneous endometriosis is a rare clinical entity, especially in patients who haven't undergone any surgical procedure. Primary umbilical endometriosis was first described by Villar and it is known that its size may vary between several millimeters and centimeters. Although retrograde menstruation theory is reasonable, exact mechanism of etiology remains unclear.

Pyogenic granuloma, umbilical polyps, melanocytic nevus, seborrheic dermatitis, hemangiomas, and desmoid tumors are the frequently seen lesions of umbilicus [4,5]. Endometriosis should be kept in mind, especially when skin lesions which don’t meet the criteria for any of these conditions are detected. Skin lesions of patients suffering from infertility should be examined carefully. Excision and histopathological examination of these lesions are necessary.

References