Patient Presentation

• 30 y/o G2P1102, with hx of PCOS & caesarean deliveries presents with chronic left lower quadrant pain exacerbated during menstruation.
Pertinent Labs

• Vitals:
  • BP 138/86
  • HR 76
  • Temp 36.9
  • RR 16
  • BMI 26.4

• Urine B-hcG: (-)
What Imaging Should We Order?
Select the applicable ACR Appropriateness Criteria
Clinical Condition: Left Lower Quadrant Pain

<table>
<thead>
<tr>
<th>Radiologic Procedure</th>
<th>Rating</th>
<th>Comments</th>
<th>RRL*</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT abdomen and pelvis with oral and IV contrast</td>
<td>8</td>
<td></td>
<td>High</td>
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<tr>
<td>X-ray colon barium enema double-contrast</td>
<td>7</td>
<td>Indicated when visualization of colon lumen might be helpful.</td>
<td>Med</td>
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<tr>
<td>CT abdomen and pelvis with oral IV and colonic contrast</td>
<td>7</td>
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<td>High</td>
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<tr>
<td>X-ray colon barium enema single-contrast</td>
<td>6</td>
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<td>Med</td>
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<tr>
<td>CT abdomen and pelvis with colonic contrast</td>
<td>6</td>
<td></td>
<td>High</td>
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<tr>
<td>X-ray colon water soluble contrast enema</td>
<td>5</td>
<td></td>
<td>Med</td>
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<tr>
<td>US abdomen transabdominal graded compression</td>
<td>5</td>
<td></td>
<td>None</td>
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<tr>
<td>CT abdomen and pelvis without contrast</td>
<td>5</td>
<td></td>
<td>High</td>
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<tr>
<td>X-ray abdomen and pelvis</td>
<td>5</td>
<td></td>
<td>Low</td>
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<tr>
<td>US abdomen transrectal or transvaginal</td>
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<td>None</td>
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<tr>
<td>MRI abdomen and pelvis</td>
<td>4</td>
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<tr>
<td>NUC scintigraphy abdomen and pelvis</td>
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<td>IP</td>
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</tbody>
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Rating Scale: 1=Least appropriate, 9=Most appropriate

*Relative Radiation Level
CT scan (Abd/Pelvis) Findings: Unlabeled
CT scan (Abd/Pelvis) Findings: Labeled

Left lower quadrant anterior abdominal tissue mass. Lateral to inferior rectus muscle.
Final Dx:
Scar Endometriosis
Case Discussion

• Background:
  • *Endometriosis* is defined as endometrial glands and stroma that occur outside the uterine cavity.
    • Lesions typically found in the Pelvis, but can also be seen in Bowel, Bladder, Diaphragm, ovaries (*endometrioma*), abdominal wall, etc.
  • Women with endometriosis can present asymptomatic or can present during their reproductive years with pelvic pain, dysmenorrhea, dyspareunia, dyschezia, infertility, or an ovarian mass.
Case Discussion

• **Scar endometriosis** is *endometriosis* occurring in a Cesarian section scar. Can be found in skin, subcutaneous tissue, rectus muscle/sheath, intraperitoneally, or in the uterine myometrium (within uterine scar).

• The reported incidence of abdominal scar endometriosis following Cesarean section is **0.03-0.6%**.

• Treatment for *Scar endometriosis*: Surgical treatment consisting of abdominal wall incision directly over mass.
References


