

Subcutaneous Endometriosis Manifests as Multiple Skin Bruises: A Case Report

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ABSTRACT

Introduction and Objectives: Cutaneous endometriosis is defined as presence of endometrial glands or stroma in the skin. It's a rare entity and represents less than 1% of all ectopic endometriosis. We report a case of primary subcutaneous endometriosis, which successfully treated medically with hormonal treatment. **Results:** A 39-year-old, Para 3+2 with no known medical illness, presented with cyclical dysmenorrhoea, dyspareunia and multiple bluish discoloration and swelling on skin during menstruation. The patient has no history of surgical procedure. Examination revealed a multiple purple bruise, of various sizes over the both hands, back, and abdomen. Ultrasound of the pelvis revealed normal study. She was initially investigated for connective tissues disease and Antiphospholipid, but results were negative. There was also no evidence of haemolysis. She was given trial of gonadotropin-releasing hormone analogue (GnRH) injection, which showed complete resolution of presenting symptoms. **Conclusion:** Subcutaneous endometriosis is a rare condition. Diagnosis is often delayed due to its non-specific symptoms and misdiagnosed as dermatological or surgical diseases. Proper history and correlation with clinical findings are much of help. Although no clear guideline for the diagnosis and its management, the primary focus of investigation and treatment should focus for complete resolution of presenting symptoms.

 GY-34

Short Term Outcome of Sacrospinous Fixation versus Extraperitoneal High Uterosacral Ligament Fixation for Apical Support

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ABSTRACT

Introduction: Sacrospinous fixation (SSF) and extraperitoneal High Uterosacral Ligament fixation (HUSL) are two common procedures used as a treatment and prevention of apical prolapse. Recent study has reported that there is no difference in recurrence rate between SSF and HUSL. However, SSF is commonly complicated with buttock pain, while HUSL is reported to have lower ureteric injury rate and buttock pain. **Objectives:** This study aims to evaluate the short-term outcome between SSF and HUSL. The primary outcome was surgical failure at six months, defined as recurrence of prolapse stage 2 or more. The secondary outcome was to evaluate intraoperative factors and to evaluate post-operative complications. **Methods:** A retrospective study conducted at three tertiary hospitals in Pahang. Study population were all Pelvic Organ Prolapse (POP) stage 3 and 4, and surgeries were performed from 2014 to 2018 by the same surgeon. **Results:** The total number of study population is 46, with 23 in SSF group and 23 in HUSL group. Both groups were not statistically different in terms of age, parity, BMI, stage and type of prolapse, duration of operation and analgesia, post-operative urinary retention and length of stay. HUSL has significantly more blood loss as compared to SSF ($p=0.01$). Recurrent prolapse is more likely to occur in the SSF group with predominantly cystocele, odds ratio 1.8 (95% confidence intervals: 1.0, 3.1). OAB and SUI are not significantly different at baseline and at six months follow up. Two cases in the SSF group required repeated surgery. **Conclusions:** Extraperitoneal High Uterosacral Ligament fixation has lower recurrence rate of prolapse but more intraoperative blood loss.