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A case of scar endometriosis treated with homoeopathy

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Abstract

Scar endometriosis is an uncommon condition characterized by the ingrowth of endometrial tissues in scars from surgical procedures such as a caesarean section, episiotomy, hysterectomy, salpingostomy or herniorrhaphy. A 35 year old female patient presented in gynaecology OPD on 15/01/2024 with the complaints of pain in left lower abdomen especially around the caesarean scar a day before the commencement of menstrual cycle and for the first four days of menstruation. She was diagnosed with scar endometriosis. Individualized homoeopathic medicine was given by considering the totality of symptoms of the patient. *Silicea* 200 along with *Thiosinaminum* 3X was prescribed for the patient and she showed a marked improvement. The outcome assessment of the case was done by USG before and after treatment.

This case study demonstrate the role of individualized homoeopathic medicine in the management of rare conditions like scar endometriosis.

Keywords: Scar endometriosis, individualization, *Silicea*, *Thiosinaminum*, Homoeopathy

Introduction

Scar endometriosis is the term for the presence of endometrial-like tissue outside the uterine cavity in the scar area after abdominal or pelvic surgery. It is an extra-pelvic endometriosis subtype ^[1].

Endometriosis, which is thought to impact nearly 10% of the reproductive age group, usually happens around the uterus and uterine ligaments, but it can also happen in the lungs, brain, urinary tracts, abdominal wall, spleen, gastrointestinal tracts ^[2].

Scar endometriosis has been associated with caesarean sections, vaginal deliveries in episiotomy sites, tubectomy, ectopic pregnancies, laparotomies or laparoscopic port sites for hysterectomy, ovarian cystectomies, hernial repair sites, and even needle tracking following amniocentesis ^[3].

Compared to a caesarean delivery at full term during pregnancy, an early hysterectomy during pregnancy is a risk factor for scar endometriosis because the endometrium from an early pregnancy is more conducive to implantation than the endometrium from a late pregnancy, according to de Oliveira ^[4].

According to reports, the prevalence of scar endometriosis in women who have had obstetric or gynecologic procedures ranges from 0.03% to 3.5%, and it is rising as more caesarean deliveries and laparoscopies are performed ^[5].

The exact etiology of surgical scar endometriosis is unknown. Several hypothesis are there to explain its development. The most widely recognized explanation for scar endometriosis is iatrogenic implantation ^[6].

Common manifestations include cyclical pain and swelling in the scar area, which are usually related to the menstrual cycle ^[7].

A well-defined lump within the surgical scar that may indicate abdominal wall endometriosis can be found with the help of imaging tests like magnetic resonance imaging or ultrasound in addition to clinical suspicion. A histological analysis of the removed tissue is necessary for a conclusive diagnosis ^[8].

Surgical excision is the primary treatment modality for scar endometriosis ^[9]. As a holistic medical system, homeopathy offers more potential for managing scar endometriosis because it allows for the use of a constitutional approach. Homoeopathy can provide a higher quality of life and it prevent the recurrence of the condition.

Patient information

A 35 year old female patient presented in Gynaecology OPD on 15/01/2024 with the complaints of pain in left lower abdomen especially around the caesarean scar a day before the commencement of menstrual cycle and for the first 4 days of menstruation. She had her LSCS about four years back and the presenting complaint started on a gradual onset 2 years back as a lump on caesarean scar and recently she had pain in left lower abdomen around the caesarean scar especially a day before and four days after menses starts.

Examination revealed a tender, puckered, subcutaneous mass beneath the caesarean scar.

Transabdominal ultrasound on 21/11/2022 showed a 1.4 cm×0.75cm, oval shaped heterogeneous mass in left lower abdominal wall at left LSCS scar suggestive of scar endometriosis. she took hormonal medications to stop menses for 3 months (February, march, April of 2023).

She did transabdominal USG again on 22/05/2023 which revealed a 1.3×0.6 cm, oval shaped heterogeneous mass in left lower abdominal wall at left LSCS scar.

The patient was advised for surgery. Her generals were disturbed during this time. She has low appetite but increased thirst. Sweat is increased. She also had a great desire for sour things. Patient was mentally very anxious about her illness.

General physical examination

The patient was moderately built. No pallor, icterus, cyanosis, clubbing, oedema or lymphadenopathy were observed. Her pulse rate was 73 / min, blood pressure 120/80 mm of Hg, temperature 37°C and respiratory rate 14/min.

Analysis of the case

After analysing the disease condition and considering the totality of the patient, an individualised homoeopathic medicine was selected after repertorisation using HOMPETH software and further consultation with the materia medica.

Silicea 200 was given as the first prescription with *Thiosinaminum* 3X as an add on remedy.

Remedy	Sil	Nit-ac	Graph	Sep	Phos	Calc	Ars	Nux-v	Thuj	Kali-ar
Totality	11	11	10	10	9	9	8	8	8	8
Symptoms Covered	6	5	5	5	5	4	4	4	4	3
Kingdom	Minerals	Minerals	Minerals	Animals, Sarcodes	Minerals	Minerals	Minerals	Plants	Plants	Minerals
[Kent] [Mind]ANXIETY:Health, about: (33)	1	3		2	2	2	1	1		3
[Complete] [Generalities]MENSES:Before:After, and: (22)			3			1			1	
[Complete] [Skin]CICATRICES:Surgical scars: (2)	1		1							
[Murphy] [Skin]SCARS, CICATRICES, (SEE KELOIDS) :Painful : (37)	3	2	1	1	1		1	1	1	
[Complete] [Extremities]PERSPIRATION:Hands and feet: (16)	1	1		1	1					
[Complete] [Rectum]CONSTIPATION: (926)	4	4	4	4	4	4	4	4	4	3
[Murphy] [Female]ENDOMETRIOSIS, GENERAL:Chronic : (47)	1	1	1	2	1	2	2	2	2	2

Fig 1: *Silicea* 200 was given as the first prescription with *Thiosinaminum* 3X

Follow up

Date	Symptoms	Prescription
19/02/2024	Amelioration of complaints	<i>Silicea</i> 200 / 1 dose
26/03/2024	Amelioration of complaints	<i>Silicea</i> 200/1 dose
1/05/2024	Amelioration of complaints, generals were normal	<i>Sac lac</i> /4 dose
2/06/2024	Amelioration of complaints	<i>Silicea</i> 1M /1 dose

Diagnosis and clinical assessment

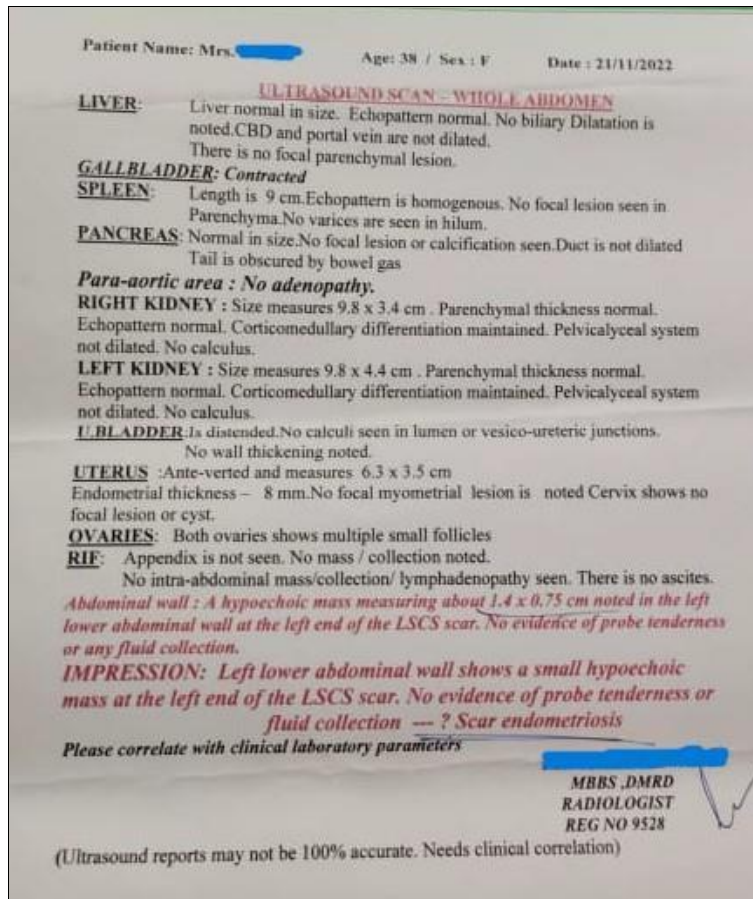


Fig 2: USG Before treatment

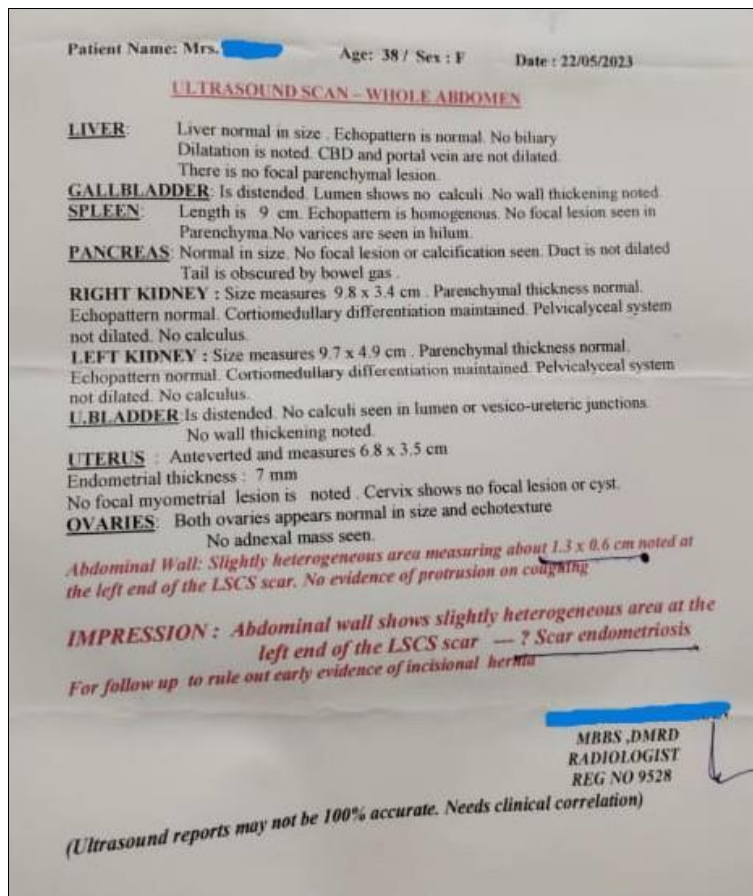


Fig 3: USG before treatment

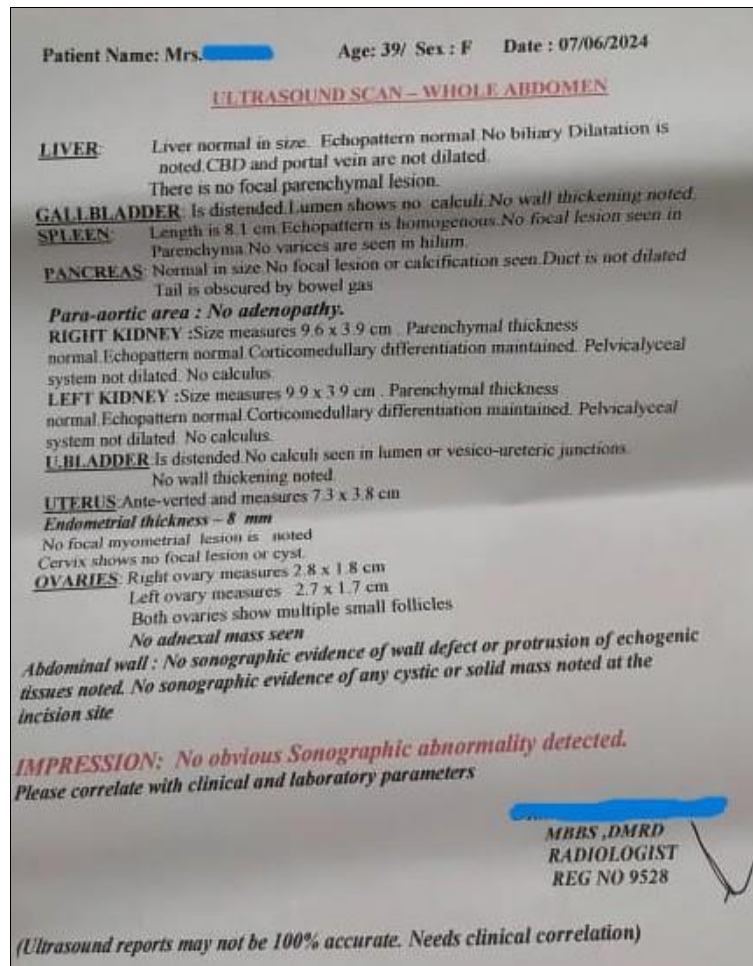


Fig 4: USG after treatment

Discussion

An uncommon but clinically relevant disease called scar endometriosis results from the ectopic development of endometrial tissue in surgical scars after obstetric or gynaecological surgeries [4].

Tenderness along the scar line, persistent pelvic pain, or even skin abnormalities like ecchymosis at the scar site during menstruation or scar hyperpigmentation (with or without tiny local nodules) are some of the symptoms that patients display [10].

Malignant transformation and recurrence are the side effects of surgical scar endometriosis [3].

The primary option for management is between medical and surgical intervention. Surgical excision with broad excision margins has been advised to avoid local recurrence. But not every patient will be open to surgery.

Homeopathy provides better care for those types of patients. This case report showed the classical symptoms of scar endometriosis, which was treated with the help of individualised homoeopathic medicine *Silicea* 200 along with an add on remedy called *Thiosinaminum* 3X.

According to William Boericke *Silicea* can stimulate the organism to reabsorb fibrotic conditions and scar tissue [11]. *Thiosinaminum* is an effective remedy for dissolving scar tissue according to various studies [12].

The USG scan showed no sonological abnormalities after 6 months of effective homoeopathic treatment. *Silicea* 1M is given to prevent the further recurrences of the condition.

This case study shows the effectiveness of homoeopathic remedy in managing rare diseases like scar endometriosis.

Conclusion

The effectiveness of homeopathic therapy in treating scar endometriosis is illustrated by this case study. It also suggests that homeopathy would be the best option in surgical circumstances like these.

Conflict of Interest

Not available

Financial Support

Not available

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