

Clinical Image

Inguinal Endometriosis: Unusual Cause of Groin Pain

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DOI: 10.4274/balkanmedj.galenos.2020.2020.2.105

Received: 20 February 2020

Accepted: 26 March 2020

Cite this article as: Fujikawa H, Uehara Y. Inguinal Endometriosis: Unusual Cause of Groin Pain. *Balkan Med J*

A previously healthy 42-year-old woman presented to the hospital with a 1-year history of right groin pain. The pain did not fluctuate with the menstrual cycle. We suspected inguinal hernia or lymphadenopathy, but right inguinal ultrasound demonstrated a mixed-echo mass with intralesional vascular flow (Figure 1A). Pelvic magnetic resonance imaging (MRI) revealed a mass, which showed high intensity both on T1-weighted and T2-weighted images (Figure 1B and 1C). We performed a surgical biopsy. The tumor was located at the apex of the inguinal hernia sac. We resected the mass with a wide surgical margin, considering the possibility of malignancy and recurrence. Histological examination revealed the presence of endometriotic lesions and hemosiderin-laden macrophages (Figure 1D). We diagnosed inguinal endometriosis. The patient was relieved from pain, and has no recurrence.

Endometriosis is a common, estrogen-dependent, and chronic benign gynecological disorder. It is defined as the presence of endometrial glands and stroma outside the endometrial cavity (1). While most common sites are within the pelvis, uncommon locations include intestine, surgical scars, diaphragm, umbilicus and groin.

Inguinal endometriosis is rare with the incidence of 0.3–0.6% in all endometriosis cases (2, 3). Inguinal mass or pain is a common presenting symptom. MRI is a useful diagnostic tool because it can detect the presence of iron in the hemosiderin deposits contained in an endometrioma. Therapeutic options include hormonal therapy and/or complete surgical excision with avoidance of spillage to prevent recurrence. While pelvic endometriosis usually causes cyclical pain exacerbated during menstruation, inguinal endometriosis frequently presents with constant pain unrelated to the menstrual cycle (3,4). Therefore, inguinal endometriosis can mimic other common diseases such as hernia, lymphadenopathy, abscess and cancer (3,4), and patients may visit diverse departments including internal medicine, surgery and gynecology. Inguinal involvement of endometriosis should be considered in the differential diagnosis of painful groin mass in women of reproductive age.

Written informed consent was obtained from the patient.

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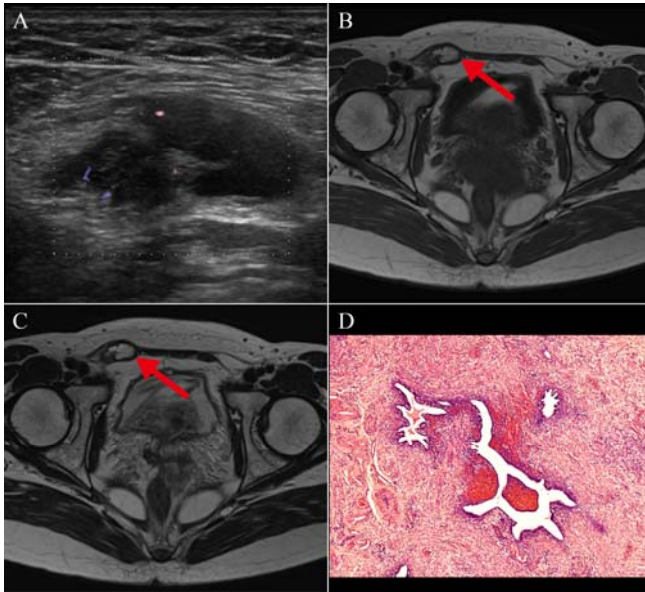


FIG. 1. (A) Inguinal ultrasound depicted a mixed echo mass with intralesional vascular flow at the right groin area. (B) Pelvic magnetic resonance imaging T1-weighted axial image revealed a high signal intensity mass in the right inguinal area (arrow). (C) Pelvic magnetic resonance imaging T2-weighted axial image demonstrated a high signal intensity mass in the right inguinal area (arrow). (D) Histological evaluation of the groin mass, showed the presence of endometriotic lesions and hemosiderin-laden macrophages (hematoxylin and eosin stain, original magnification x40).