Abdominal Wall Endometrioma:

The Role of Imaging in a Rare Extrapelvic Endometriosis

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Abdominal wall endometrioma *is a rare form of extrapelvic endometriosis, most commonly occurring* ***after cesarean section*** *and representing a potential diagnostic pitfall. Due to nonspecific clinical and imaging features, initial interpretation is frequently incorrect, most often as a hematoma or other benign lesion.*

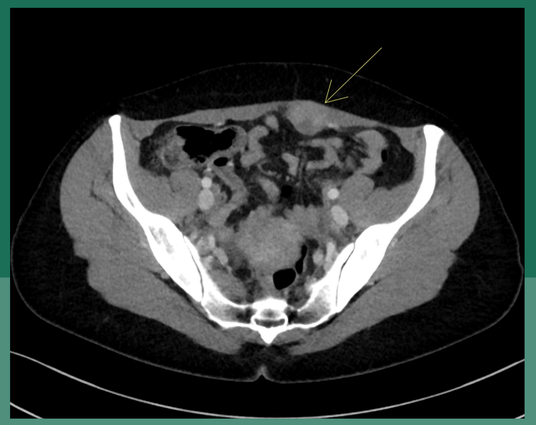

Figure 1: *Initial CT shows a fusiform intramuscular lesion in the left rectus muscle, initially interpreted as a hematoma.*

We present a case of a **26-year-old woman** with a **painful palpable mass** in the left lower abdominal wall following **two cesarean sections**. Initial CT and ultrasound examinations suggested an intramuscular **hematoma.**
As the lesion failed to regress and symptoms showed **cyclic** exacerbation during **menstruation**, repeat evaluation was performed.
Follow-up ultrasound demonstrated a **solid vascularized lesion**, while MRI revealed a **well-defined intramuscular mass with heterogeneous** contrast enhancement. In correlation with the characteristic clinical history, abdominal wall endometrioma was suspected.

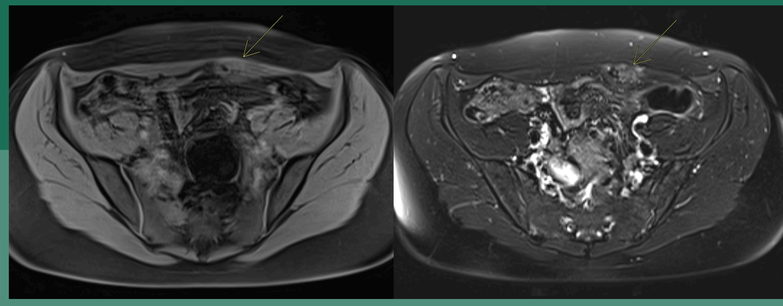

Figure 4, 5: *MRI shows a well-defined intramuscular mass with focally increased signal intensity on T1(FS) weighted imaging on the left and heterogeneously increased signal intensity on T2 (FS) weighted imaging on the right. In correlation with cyclic symptoms and a history of cesarean section, the findings are suspicious for abdominal wall endometrioma.*

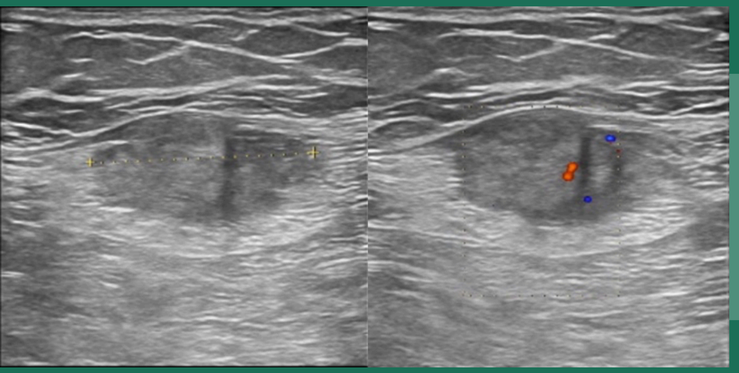

Figure 2, 3: *Follow-up ultrasound on the left demonstrates a persistent well-defined oval lesion in the superficial abdominal musculature, while color Doppler on the right shows internal vascularity, indicating a solid lesion rather than a resolving hematoma.*

This case highlights that ***persistence of a lesion, lack of regression, and cyclical symptoms are inconsistent with hematoma and should raise suspicion for endometriosis.***
Careful clinicoradiological correlation and timely reassessment are essential for accurate diagnosis. Early recognition enables appropriate management and prevents prolonged morbidity.