

JOINT EVENT

12<sup>th</sup> Global Gastroenterologists Meeting  
&3<sup>rd</sup> International Conference on Metabolic and Bariatric Surgery

March 15-16, 2018 Barcelona, Spain

**Recurrent abdominal pain-endometriosis: A case report****Omer Engin**

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**Introduction:** Endometriosis is a placement of endometrium tissue anywhere in the body. In normal condition, endometrium is present in the uterine cavity. It proliferates and is discharged during the menstrual cycles. If endometrium localized another localization in the body, the same changes occur in the menstrual cycles. In each menstrual cycle, the tissue proliferates and the pain is felt by the patient because endometrium is not discharged and pain occurs due to intralesional increased pressure.

**Case Study:** Our case is of 35 year old woman. She had complained recurrent abdominal pain with about 1 month interval and small mass on right rectus muscle on the right side of the umbilicus. The mass had increased at times and decreased at times. If the mass had increased, the patient felt pain on the mass. The mass was visualized by ultrasound. This was excised with healthy surrounded tissue. After excision, rectus muscle was sutured and onlayer polypropylene mesh was applied. She was discharged with no complication.

**Discussion:** Endometriosis tissue in the abdominal wall must be excised with surrounding healthy tissue. Surgical border must be clear. If it is not excised totally, endometriosis will be recurrent. And another important factor is that the mass must be excised with no laceration because if laceration is occurred, endometriosis tissue may be implanted and recurrence may be seen. Defect after excision may be sutured if the defect is small. If the defect is big in the abdominal wall, mesh for hernia repair may be used intraabdominal, sublayer, inlayer or onlayer. In our case defect was small so primer suturing and onlayer polypropylene mesh applying was preferred.

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