

Laparoscopic assisted and ultrasound guided radiofrequency ablation of a subrectus endometriosis

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ABSTRACT

Introduction: Abdominal wall endometriosis (AWE) is a form of extrapelvic endometriosis, commonly associated with previous uterine surgery. Management offered is either medical or surgical removal, which poses a challenge as it may require extensive fascial repair or mesh application. Ablative therapies have been used with excellent results, and here is our experience with radiofrequency ablation of a subrectus abdominal wall endometriosis. **Case Description:** A 45-year-old para 1 +1 who had an emergency caesarean delivery 8 years ago presented with severe cyclical abdominal wall pain and tenderness during menses. Ultrasound examination revealed hypoechoic mass 3x2 cm located below the left rectus abdominis muscle, giving the diagnosis of a subrectus (abdominal wall endometriosis). Medical treatments, however, failed to adequately control the symptoms. Laparoscopic assisted and ultrasound guided radiofrequency ablation (RFA) was performed using a CelonProBreath bipolar radiofrequency needle, powered by CelonLab ENT generator. The ablation was performed using the moving shot technique at 10 watts, with peritoneal insufflation pressure maintained at 10 mmHg to create a safe distance from the abdominal viscera until the whole mass turned echogenic. The improvement was significant with the disappearance of the cyclical symptoms in the subsequent menstrual cycles. **Discussion:** RFA offers another option of nonsurgical treatment for AWE, especially useful for subrectus lesion. It is highly effective with a minimal and transient complication profile.