trimester abortion calculated terms in 1.08% of cases, and after cesarean 0.03% – 0.04%\textsuperscript{5}. Recently, Chang and his colleagues showed that after cesarean section scar endometriosis in the laparotomy scar is related to 0.03% - 0.47% of cases, while the average period until onset of symptoms is estimated to be 39.3 months.\textsuperscript{6} Moreover, various gynecological surgeries open or laparoscopic access, and rarely amniocentesis (Table 1) included in predisposing factors have been implicated in endometriosis of abdominal wall\textsuperscript{7,8}.

The diagnosis of endometriosis in surgical scars is not easy and often arises late. The symptoms are not specific and frequently appear after months or years after surgery. Usually displayed a slowly growing painful palpable mass in the scar area which may increase in size and become more painful during menstruation. The pain is the predominant symptom and occurs in almost all cases. The pain, though classically described as a periodic but by recent bibliographical almost half patients do not exhibit periodicity in pain\textsuperscript{9}. Pain during menstruation may even get the form acute abdomen\textsuperscript{10}. Severe pain may be the result of autonomous functional ectopic endometrial tissue with sensory nerves that contributes not only to a worsening of symptoms, but also in maintaining ectopic development\textsuperscript{11}. The difficulty and delay diagnosis mainly due to scarcity of the disease, but also to a wide range of pathological conditions (Table 2) to be included in the differential diagnosis of endometriosis of the abdominal wall\textsuperscript{12}.

Although the diagnosis preoperatively based strictly on history and clinical examination should not be denied the utility of laboratory tests and of modern imaging and interventional diagnostics (Table 3). The use today of serological markers, in addition to the early detection enables the proper postoperative monitoring, monitoring of disease response to the medication and to prevent possible recurrence or malignancy of the lesion. The more meaningful indicator is the cancer antigen 125 (Ca125), increase of which more than 1000 UI / ml may indicate the existence of invasive disease\textsuperscript{13}. The diagnostic value of the Ca125 the early stages of endometriosis is very low, with specificity of between 83% - 93% and sensitivity starts at only 24% (24% - 94%)\textsuperscript{14}. Recently, in the attempt to increase the diagnostic value of the Ca125 appear to contribute significantly and the concomitant use of other serological markers, such as cancer antigen 19 - 9 (Ca19 - 9)\textsuperscript{15}, cancer antigen 15 - 3 (Ca15 - 3)\textsuperscript{16}, various cytokines (IL - 6, TNF - a)\textsuperscript{17}, P45014 aromatase14 and vascular endothelial growth factor (Vascular Endothelial Growth Factor - VEGF)\textsuperscript{18,19}.

Ultrasound examination seems to be a useful but non-specific diagnostic method. With transabdominal ultrasound can been detected in the abdominal wall, the ultrasonographic characteristics which in-

### Table 1. Factors that favor the development of endometriosis in the abdominal wall.

- Automatic endometriosis
- Uterus section
- Cesarean section
- Gynecological operations
  - abdominal access
  - laparoscopic access
- Amniocentesis

### Table 2. Pathological situations requiring differential diagnosis of endometriosis of the abdominal wall.

- Abscess
- Lipoma
- Hematoma
- Granuloma
- Neuroma
- Sebaceous cyst
- Incisional
- Lymphadenopathy
- Lymphoma
- Sarcoma