

Catamenial Sciatica

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A 41-year-old woman presented with dysmenorrhea. In addition, she described having catamenial left-sided sciatica and leg weakness for two years. During an earlier neurological assessment, she had been found to have a small left sided L5-S1 disc herniation on MRI, but this was felt not to be causing her symptoms.

On examination a 2 cm nodule was palpable superior and lateral to the left ischial spine. At laparoscopy this nodule was found encased in the left pararectal space (Figure). Using the CO₂ laser, the nodule was circumscribed and resected with other foci of endometriosis. At her postoperative visit, the patient was pain free. Histological assessment confirmed endometriosis in the nodule.

Sciatica is a rare presenting symptom of endometriosis. The average delay to diagnosis is 3.7 years.¹ Two-thirds of cases are right-sided.² Possible etiologies include cyclic inflammation and hemorrhage of pelvic peritoneal pocket endometriosis with resultant perineural fibrosis,³ or

referred pain from endometriosis of the posterolateral pelvic peritoneum.⁴ Regardless, neurological sequelae may be permanent if the cause is not recognized and treated expeditiously.

Consent to publish these images has been obtained from the patient.

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