

## Introduction

We describe the case of an unusual rare presentation of endometriosis in an asymptomatic 35-year-old woman, with low response in several IVF treatments.

## What is known already

Endometriosis is a chronic common gynecological disease affecting 2-10% of woman in reproductive age and up to 50% of infertile women. It is strongly related to hormonal activity what may cause severe pain during the cycle. Inguinal endometriosis occurs in 0.07% of cases and is usually wrongly diagnosed as inguinal lymph node or hernia. Other locations such as Nuck's duct or inguinal duct are also very uncommon and a low number of cases have been published in the literature.

## Case report

Our patient came for two-year infertility and was diagnosed with a low ovarian reserve. Her early follicular phase hormones (2<sup>nd</sup> day of bleeding) revealed: Estradiol level 215 pcg/ml, FSH level 8,53 mUI/ml and LH level 3,14 mU/ml. The ultrasound on the same day showed an anteverted uterus with standard measures, homogenous myometrium and thin 2 mm shedding endometrium. The right ovary had 1 antral follicle and the left ovary showed 3 antral follicles, no cysts were seen in any of the ovaries. She revealed no symptoms during menstruations.

She was screened X-fragile mutations and karyotype, both of which were normal.

She underwent two consecutive ovarian stimulations for IVF, obtaining 3 and 2 eggs in each case. We replaced 2 and 1 embryos on day 3 but no pregnancy was achieved.

After that our patient had a surgery to remove an inguinal lymph node that had caused occasional pain for 5 years. The results of the histological study revealed the tissue contained epithelium covered by gland cells which were classified as endometrial.

Our patient continued asymptomatic and neither the pelvic ultrasound assessment nor the MRI showed other signs of endometriosis. Tumoral markers (AFP 1.12 NG/ML, CEA 0.66 NG/ML, CA 125 23.3 U/ML, CA 19.9 12.7 U /ML, BHCG 1.89 U/L) were all negative.

## Conclusion

We present the unusual manifestation of extra peritoneal endometriosis as an inguinal mass. This finding helped us explain the bad reproductive outcome in a 35-year-old patient, with no other previous manifestation of endometriosis or any other cause of low ovarian reserve.