INTRODUCTION
Endometriosis of the anterior abdominal wall is rare. Clinical diagnosis may be difficult as classical symptoms of endometriosis may resemble abdominal wall lesions such as incisional hernia, abscess or other soft tissue tumor.

CASE
The patient is a 48-year-old woman with abdominal wall mass and cyclical severe abdominal pain, which started 5 years after caesarean section. The patient is obese and the mass was diagnosed by MRI as a large fairly well defined lobulated soft tissue mass lesion seen within rectus abdominus muscle and extends into subcutaneous fat of the anterior abdominal wall. Clinically it lies just above the caesarean section scar. Clinically incisional hernia was suspected and patient was seen before by general surgery. She was referred for FNA aspiration in which histopathology revealed endometriosis. The patient was referred to gynecology clinic and she was treated medically with LHRH analogue “Zoladex injection” for three months and she felt much better and all her symptoms disappeared afterwards. Now more than a year after the injection, patient still asymptomatic.

Conclusion
Patients with subcutaneous endometriosis can be treated initially with medical treatment after counseling and the surgery is still second option if the symptoms recur.