Introduction:
Outlined are three extrapelvic lesions that turned out to be endometriosis.

Case 1: Villar's nodule
45 year old Asian lady with 1 year history of painful 1 centimetre swelling at the umbilicus with hyperpigmentation. No prior history of endometriosis.
Pathology - cystic lesion with blackish material. Microscopy - cyst lined by secretory columnar epithelium, and filled with haemosiderin laden macrophages. Endometrial glands and stroma in surrounding tissue.

Case 2: Vaginal endometrioma
32 year old nulliparous lady with symptomatic (dyspareunia) posterior vaginal wall cyst.
Cystic lesion arising from just under the vaginal mucosa in the middle third of the vagina. No extension to the rectum was noted, and the lesion did not invade the rectovaginal plane.
Brown viscous cyst contents collected for cytology - dispersed pigment-laden histiocytes.

Case 3: Scar endometriosis
37 year old seen one year after third caesarean with pain on left side. Found to have a freely mobile, tender, 1 centimetre nodule at the left edge of the Pfannenstiel scar.
Ultrasound - superficial isoechoic nodule 1 centimetre with no bleed within it. Not suggestive of endometriosis.
Pathology - Islands of benign endometrial glands and stroma.

Discussion:
Extrapelvic endometriosis occurs in 12% of patients [1].
Umbilical endometriosis represents 0.5% to 1% of extragenital endometriosis [2,3], and is rarely primary (possibly metaplasia of the urachus).
Vaginal endometriosis may occur, most likely, by direct implantation of endometrial tissue into the vaginal mucosa.
The iatrogenic implantation theory is the most accepted theory for scar endometriosis (incidence 0.03 to 3.5%). [4-6, 8].