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PRIMARY UMBILICAL ENDOMETRIOSIS: A RARE ENTITY

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ABSTRACT
Primary umbilical endometriosis is a rare condition and characterized by presence of ectopic endometrial tissue in umbilicus in absence of previous surgery. We report a case of spontaneous umbilical endometriosis in a 40-year-old lady with previous 3 normal deliveries and without any previous pelvic endometriosis. Clinical diagnosis was based on the observation of a tender bluish umbilical nodule with cyclical pain coinciding with the menstruation. Ultrasonography followed by FNAC was done for diagnosis. She was put on medical management but since there was no relief, surgical resection of the umbilical lesion was performed, revealing extragenital endometriosis. Abdominal wall endometriosis (AWE) often is misdiagnosed and referred to surgeons for treatment. Umbilical endometriosis is a very rare disease, but should be considered in the differential diagnosis of umbilical lesions.

KEYWORDS: Umbilical endometriosis; Primary; Umbilical nodule; Wide excision.

INTRODUCTION
Endometriosis is a benign condition characterized by presence of functional endometrial tissue in anatomical localizations other than the uterine cavity. It has been estimated that the prevalence of endometriosis ranges up to 10% in the general female population: in particular, this condition mostly affects women in fertile age group.[1] Primary umbilical endometriosis is a rare disorder. The incidence of this disease is estimated to be about 0.5% to 1% of all cases of extragenital endometriosis.[2] Palpable masses with cyclical pains are the most common symptoms of primary umbilical endometriosis. Although the pathogenesis of this disease is not fully understood, possibilities include the migration of endometrial cells to the umbilicus through the abdominal cavity or the lymphatic system or embryonic remnants in the umbilical fold such as the urachus and the umbilical vessels.[2,3] Secondary umbilical endometriosis is caused by iatrogenic dissemination of the endometrial cells after surgery.[3,4] Secondary umbilical endometriosis is more common than the primary one. We report a 40-year-old female with primary umbilical endometriosis without any previous history of pelvic endometriosis.

CASE REPORT
A 40-year-old P3L3, with previous 3 normal vaginal deliveries presented to OPD with complaints of pain and swelling in umbilical region for past 6-7 months. According to patient she has dull pain around umbilicus and pain increases in intensity during menstruation. There was no history of any trauma or previous surgery. She took treatment from local practitioner but there was no relief in her complaints. On examination there was a umbilical nodule about 2*1cm with bluish discoloration, non-reducible and tender. The uterus and both ovaries appeared normal on pelvic examination and ultrasonography without any manifestation of endometriosis. Patient was referred to surgery department where after examination and USG which confirmed that mass is sub cutaneous and have no relation with peritoneal cavity, she was advised FNAC (fine needle aspiration cytology). On histopathology endometrial glands were found in subdermal area of umbilicus. She was explained about the condition and excision was advised. She refused and opted for medical management hence was put on progestin for 3 months, but there was no relief. Finally wide local excision of the lesion was done. In the histopathological examination of resected tissues, well-circumscribed endometriosis foci were identified with dilated glands localized in the deep dermis. Patient was relieved and was put on oral contraceptives postoperatively.

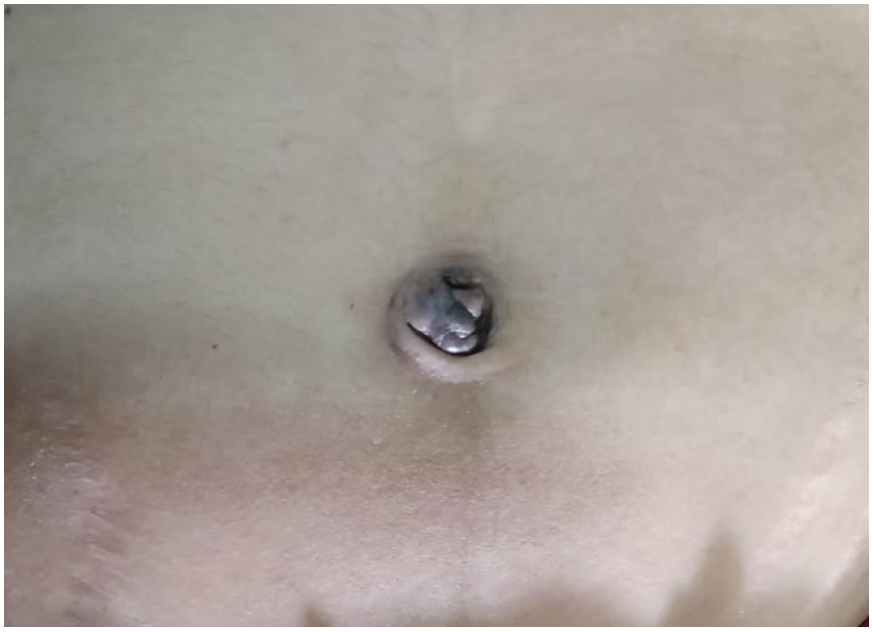

Figure 1: Showing Purplish Colored Umbilical Nodule.

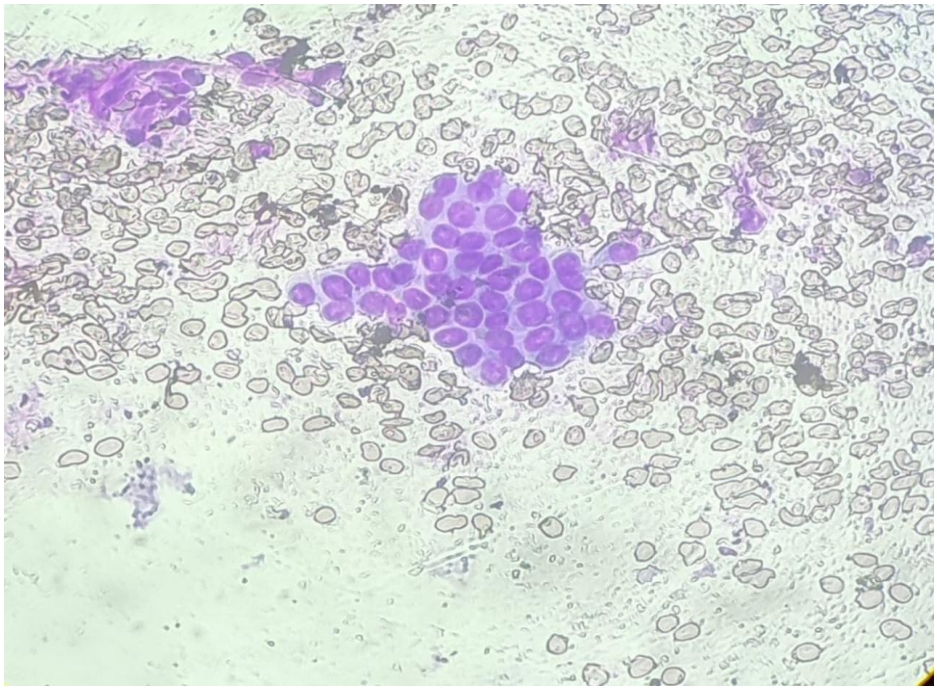

Figure 2: Histopathology Showing Presence Of Endometrial Glands In Subcutaneous Tissue.

DISCUSSION

Umbilical endometriosis (UE), also known as Villar's nodule is is a very rare entity. It was first described by Villar in 1886. In many cases of primary umbilical endometriosis, there is an umbilical nodule concurrent with menstruation, which causes periodic pain in the umbilicus and may have a bleeding tendency. Usually there is periodic pain but constant pain can also be there. The nodule can be a brown, blue or faint spot. The classic symptoms of umbilical endometriosis are cyclic pain associated with a mass. In our patient we also had seen the cyclic pain and umbilical nodule. Other symptoms are bleeding from the umbilicus during menses but it was not present in our case. In differential diagnosis of umbilical nodules, benign diseases such as secondary endometriosis, hemangioma, umbilical hernia, sebaceous cyst, granuloma, lipoma, abscess, keloid, and urachus anomaly, and malignant diseases such as Sister Mary Joseph's nodule, melanoma, sarcoma, adenocarcinoma, and lymphoma should always be considered.[5] The risk of malignancy from umbilical endometriosis is reassuringly low. There is one reported case of an umbilical endometrium with malignant transformation patient was noted to have endometriosis coexisting with endometrial adenocarcinoma that had metastasized to the umbilicus, a finding that was noted only at the time of surgery.[6] No imaging technique have a pathognomonic finding of umbilical endometriosis.

The treatment of choice for umbilical endometriosis is local excision. Surgical management offers the best chance for both definitive diagnosis and treatment.[7]

CONCLUSION

Umbilical endometriosis is an uncommon condition and predominantly affects women of reproductive age. Painful mass in the umbilicus and bleeding from the mass that may become more symptomatic around menstruation remains most common clinical presentation. History and physical examinations are essential to make correct diagnosis and to rule out other common conditions such as abscess, adenoma, hernia, hemangioma, metastatic deposit. Given the classic history and physical examination and by ruling out other conditions diagnosis of umbilical endometriosis can be made. Mostly medical treatment is unsuccessful and wide local excision is highly recommended. Surgical treatment should be offered to every patient and results usually are excellent.

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