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Case Report

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SPONTANEOUS UMBILICAL ENDOMETRIOSIS: A CASE REPORT

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ABSTRACT

Spontaneous umbilical endometriosis is a rare form of extrapelvic endometriosis that is usually confused with other surgical or dermatological conditions leading to delay in diagnosis. We report a case of a 32-year-old woman presenting with a painful nodule in the umbilicus. A complete umbilical resection was done and sent for histopathological examination, confirming the diagnosis of umbilical endometriosis. Increasing awareness of this condition among clinicians can help in early diagnosis and treatment with gratifying results.

KEYWORDS: Endometriosis; umbilicus; umbilical resection.

INTRODUCTION

Extrapelvic endometriosis is an uncommon condition in women of reproductive age defined as the presence of functional endometrial tissue outside the pelvis. Umbilical endometriosis is a rare site of extrapelvic endometriosis and remains a difficult condition to diagnose, because of the extreme variability in the presentation, and treat. Nowadays, only a limited number of cases have been described in the literature. We present a new case of spontaneous umbilical endometriosis (SUE) in a 32-year-old woman.

CASE REPORT

A 32-year-old nulliparous woman presented in our department with a painful nodule in the umbilicus appeared 7 months before. Her medical and surgical history was unremarkable. She described the nodule as causing moderate cyclical pain during menses. Physical examination showed a dark-color sensitive umbilical nodule, measuring 1,5 cm which was irreducible by gentle digital pressure (Fig. 1). A differential diagnosis of umbilical endometriosis, hemangioma, sebaceous cyst, or abscess was made. Complete umbilical resection was done and sent for histopathological examination confirming the diagnosis of umbilical endometriosis. Evolution was uneventful and no recurrence was seen with a follow up of 2 years.

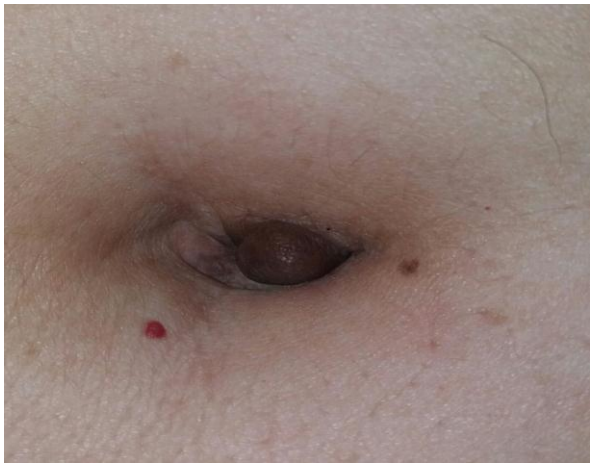

Figure 1: Preoperative view of the umbilical lesion.

DISCUSSION

SUE was first described in 1886 and defined as the presence of ectopic endometrial tissue in the umbilicus in the absence of previous surgery for either gynecological disorder or cesarean incision. Its incidence is stated about 0.5% to 1% of all cases of extragenital endometriosis.[1,2] The pathological mechanism of SUE is not fully elucidated and several theories have been postulated how endometrial tissue migrates from uterus to skin. The theory of lymphatic and hematogenic transplantation is suggested for cases of umbilical endometriosis with pelvic endometriosis. However, the disease may occur through metaplasia of urachus remnant in case of isolated umbilical endometriosis.[3] When stimulated by estrogens, these ectopic cells may proliferate until they become symptomatic. Clinical features of SUE include

palpable nodule of varying size from few mm to cm, cyclical pain or a bleeding tendency from the umbilicus. The menstrual character of symptoms is an important diagnostic criterion, but it is present in only about 25% of cases.[4] The nodule may have a brown, blue or dark discoloration. In differential diagnosis of SUE, benign diseases such as hemangioma, umbilical hernia, sebaceous cyst, pyogenic granuloma, abscess and malignant diseases such as melanoma, adenocarcinoma, squamous and basal cell carcinoma, Sister Mary Joseph's nodule, sarcoma, and lymphoma should always be considered. Little is known about the sensitivity and specificity of ultrasonography, Computed Tomography scan and Magnetic Resonance Imagining in diagnosing umbilical endometriosis. None of these imaging techniques have a pathognomonic finding for a definitive diagnosis.[1,5] In patients with umbilical nodule, surgical excision with or without umbilical resection should be considered for a definitive diagnosis and to exclude malignancy. Total umbilical resection is preferred to avoid local recurrence.[6] Medical management using progesterone, Danazol, or gonadotropin-releasing hormone (GNRH) analogue might be a different approach for this entity and can reduce clinical symptoms and size of the nodule temporarily.[7] However, after the cessation of hormonal therapy, it is likely that the symptoms will reoccur.

CONCLUSION

SUE should be considered in patients with a painful swelling in the umbilicus. Imaging modalities have no pathognomonic findings for a definitive diagnosis. Umbilical resection is the safe treatment option to avoid local recurrence.

Conflict of interest: The authors declare no conflict of interest.

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