

CASE REPORT

Primary Umbilical Endometriosis A Case Report

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Abstract

A 32 year old, Para 2 with normal vaginal delivery presented with cyclical bleeding from a dark brown painful umbilical nodule for 6 months. The ultra sonogram showed a subcutaneous nodule at the umbilicus without any other abnormality. FNAC of the nodule diagnosed it as a case of umbilical endometriosis. A diagnostic laparoscopy ruled out any associated pelvic endometriosis. Umbilectomy was done for the treatment of the condition.

Keywords: Endometriosis, Umbilicus, Umbilectomy

Introduction

Endometriosis is a very common gynaecological disorder; however, primary umbilical endometriosis is a rare entity. More commonly, cutaneous endometriosis occurs in a surgical scar from abdominal or pelvic procedures, which include hysterectomy, cesarean sections, episiotomy, and laparoscopy. The lesion is often slightly tender and painful. At the time of menstruation, the pain becomes more pronounced and may be associated with swelling and slight bleeding of the lesion. Incidence of umbilical endometriosis is estimated to be only 0.5% to 1% of all the women with an extragonadal endometriosis¹.

Case

A 32 year para 2 with normal vaginal delivery presented to surgical outpatient department with a dark brown painful umbilical nodule measuring 2x1 cm. She gave the history of cyclical bleeding from the nodule for 6 months. Figure 1.

Ultrasonogram showed a subcutaneous nodule at the umbilicus without any other abnormality. FNAC of the nodule diagnosed it as a case of umbilical endometriosis. She was referred to department of

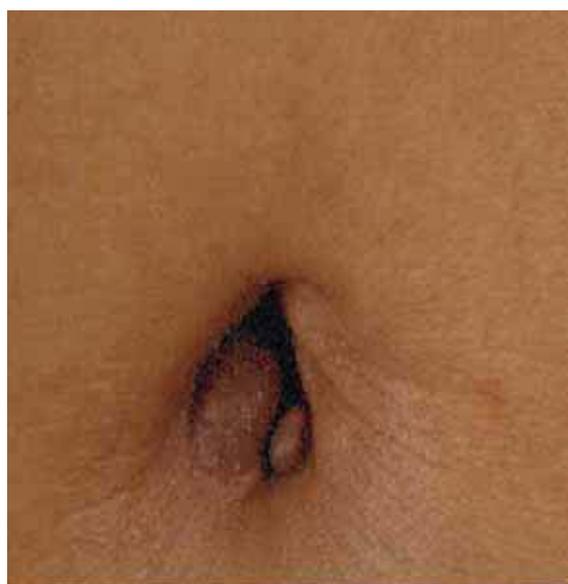


Fig 1. Umbilical endometriosis

gynaecology for the management of the condition. A diagnostic laparoscopy was done which ruled out any associated pelvic endometriosis. Umbilectomy was done for the treatment of the condition. Her postoperative period was uneventful.

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Comment

The etiology of cutaneous endometriosis that develops in surgical scars is probably implantation of viable endometrial cells. In contrast, cases of spontaneous cutaneous endometriosis may arise from endometrial tissue that is transported via lymphatics or vascular channels or by metaplasia or possibly by a combination of the two.

Simple surgical excision of the umbilical endometrioma, with sparing of the umbilicus when possible, is the treatment of choice². Local recurrence after adequate surgical excision is uncommon. Rare cases have undergone malignant transformation and give rise to endometrial carcinoma. The possibility of coexisting

genital-pelvic endometriosis should be investigated. Hormonal therapy may be a consideration when there is coexistent pelvic endometriosis.

References

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