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PRIMARY UMBILICAL ENDOMETRIOSIS: A RARE CASE REPORT

Obstetrics & Gynaecology

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ABSTRACT

Umbilical endometriosis is a rarest form of extrapelvic endometriosis, incidence being 0.5% - 1% of all extrapelvic endometriosis. In primary umbilical endometriosis there is no history of any previous abdominal and pelvic invasive procedures. Most patients present with an umbilical nodule which is associated with cyclical pain and bleeding from the lesion during menstrual cycle. It is mainly diagnosed clinically and is confirmed by histopathology. Surgery is the treatment of choice. Pre and post operative hormonal supplementation results in better outcome

KEYWORDS

extrapelvic endometriosis, subcutaneous endometriosis, cyclical pain, diagnosis, treatment

INTRODUCTION

Endometriosis is the presence of endometrial tissue outside uterine cavity. Umbilical endometriosis is a rare disease. It comprises of 0.5-1.0 % of all extrapelvic endometriosis. It is the most common form of cutaneous endometriosis. It has two varieties namely primary (with no history of any previous abdominal and pelvic invasive procedures) and secondary. The risk factors of this disease are patients age, race, past medical and surgical factors. In this report we aimed to discuss the diagnosis and management of this rare disease.

CASE STUDY

A 37 years old lady had presented in our out patient department with complaints of nodular swelling at umbilicus since last 10 months. It was associated with severe cyclical pain during menstruation for the past five months and bleeding from the swelling during menstruation for the last three months. She is a mother of two, both of the babies were delivered vaginally. There is no history of any abdominal and pelvic surgery and no history of intake of oral contraceptive pills. On examination, the nodule was dark in color with a size of 20 x 15 square milimeter. Ultrasound revealed rounded well defined heterogenous hypoechoic lesion with demonstrable internal vascularity noted in subcutaneous layer around umbilical region in anterior abdominal wall. Abdominal CT scan confirmed absence of pelvic endometriosis. She was given continuous combined oral contraceptive pill for 84 days in the pre operative period. Thereafter complete surgical resection of the nodule was done with repair of the wound. The tissue was sent for histopathological examination. Post operatively Inj Leuprolide 11.25mg intramuscularly was given for two cycles in a interval of three months. No episode of recurrence was reported during twelve months of follow up after surgery

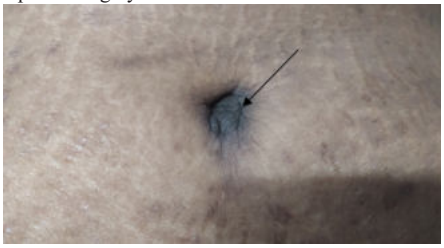

Fig 1: showing dark coloured umbilical nodule (black arrow)

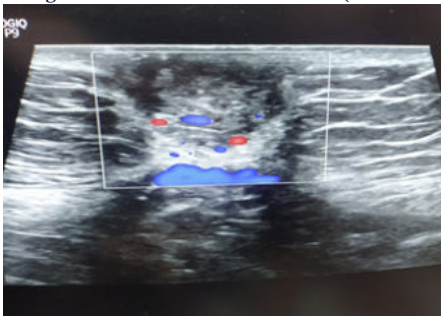

Fig 2 showing rounded well defined heterogenous hypoechoic lesion with demonstrable internal vascularity around umbilical region in anterior abdominal wall

DISCUSSION

1. Diagnosis is mainly clinical and histological
2. Surgery is the mainstay of treatment
3. Pre operative hormonal usage results in better outcome by surgery
4. Post operative hormonal supplementations may reduce the chances of recurrence

CONCLUSION

Umbilical endometriosis, though a rare disease, should be kept in mind as a differential diagnosis in patients presenting with any kind of umbilical nodule. Multidisciplinary approach may result in better outcome in such patients.

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