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Primary Umbilical Endometriosis: A Case Report

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Abstract

Whereas endometriosis has in general a prevalence of around 1-5% (4), primary umbilical endometriosis is a rare disease that counts for 0,5-1% of all types of extragenital endometriosis (5). Even though, it can be easily diagnosed, the diagnosis and treatment are often delayed. In our case, a 44-years-old female patient presented with umbilical area bleeding during each menstrual bleeding period. It lasted for about two years before diagnosis and treatment. The diagnosis is confirmed by histopathological examination. But Ultrasound, CT-scan, or MRI can be helpful, as well. Although there is both medical and surgical management, the latter is the preferred treatment.

Keywords: Extragenital Endometriosis, Diagnosis, Treatment, Primary umbilical endometriosis.

Introduction

Endometriosis is a gynecological disease, a chronic condition characterized by the presence of endometrial glands and stroma outside the uterine cavity. This tissue responds to estrogen.[1] There are a lot of theories on how endometriosis is developed. They are mostly based on the logical sequel related to the severity of the symptoms and to the stage of disease. However, none of these theories can explain the range of clinical manifestations of the disease.[2]

The most common location involves pelvic organs, although, rarely, it may extend to a large variety of distant locations in the body.[3] Endometriosis, in general, has a prevalence of around 1-5%.[4] Primary umbilical endometriosis is a rare disease. It accounts for 0,5-1% of all types of extragenital endometriosis. [5] It can be easily diagnosed, judging by abnormal umbilical bleeding. The diagnosis and treatment, however, can often be delayed, leading to an impared quality of life.[6] Although clinical findings are informative enough, the diagnosis can and should be confirmed by histopathological examination. Ultrasound, CT-scan, or MRI can help assess the location and extent of endometrial tissue outside the uterine cavity.[7] Although there is both medical and surgical management[8], the surgical option is the preferred treatment.

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Case report

A 44-years-old female patient presented with umbilical bleeding that had been occurring for more than two years. The bleeding occurred at the same period as the menstrual bleeding (see Figure 1). On physical examination, there was a small reddish mass in the umbilicus (see Figure 2).

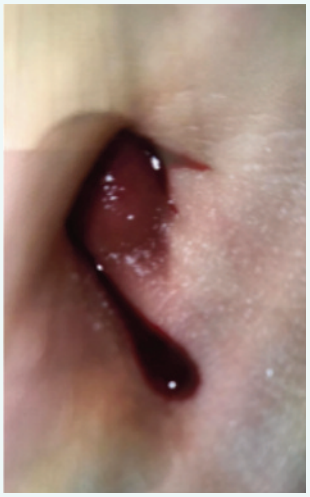


Figure 1: Umbilical bleeding during menstruation phase of the menstrual cycle.

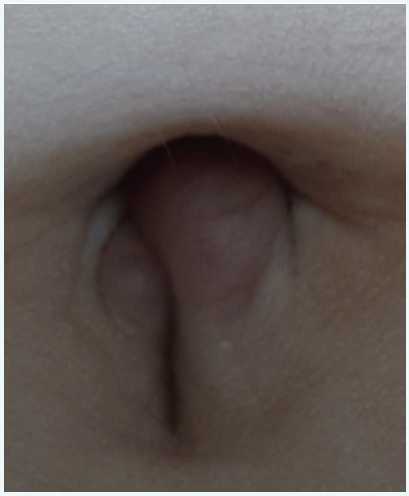


Figure 2. Umbilical lesion visible during abdominal inspection.

She had previously consulted a number of MDs and had been referred to a couple of gynecologists and general surgeons. Most of them prescribed topical medication, but neither solved her problem. She had no history of any surgery and her medical histories were unremarkable. She was admitted to the hospital and a routine presurgery workup was done. Given that the lesion was superficial, MRI was ordered to examine if there were any other related lesions in the abdominal or pelvic cavity. The lesion was surgically removed with approximately 1 cm of surrounding tissue (see Figure 3). This sample was then sent to the Pathology Institute for histopathological examination (see the report below).

Abdominal and Pelvic MRI: beside the umbilical formation, no other significant findings were described. The patient was discharged from hospital after routine post-surgery follow-up.

Macroscopic examination: Umbilical with adipose tissue and skin, dimensions 3.5x2cm. (see figure 3).

Microscopic examination and diagnosis: In the dermis strata, tubular and cystic glandules were found surrounded by endometrial type columnar epithelium cells without signs of atypia. The lumen contained



Figure 3. Post surgery lesion and surrounding tissue. Size comparison with a 10ml syringe.

macrophages, polymorphonuclear and cellular detritus. The surrounding fibro-myxoid stroma was partially infiltrated with mononuclear cells and siderophages.

Diagnosis: Cutaneous Umbilical Endometriosis. (see Figure 4 and 5).

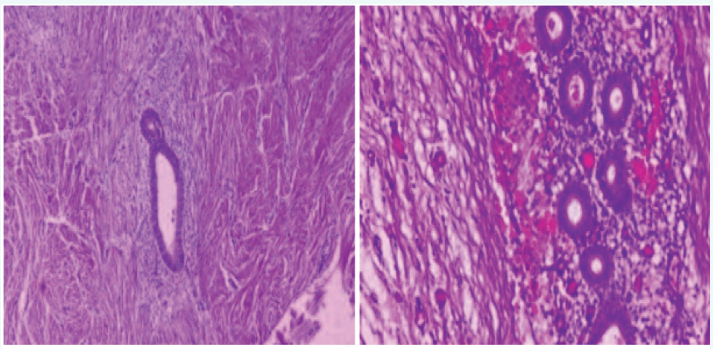


Figure 4 and 5. Microscopic view of the sample.

Discussion

Primary umbilical endometriosis, although a rare condition, should always be considered in differential diagnosis, if patients present with cyclic umbilical bleeding and/or pain.[9] Although histopathologic examination should be used to confirm the diagnosis, primary umbilical endometriosis is, first of all, a clinical diagnosis.[10] The umbilical mass does not necessarily need to be distinguished by a different skin coloration. It can also have a normal skin color.[11] In differential diagnosis, malignancies, primary or secondary, should always be

considered and excluded.[12] This would only provide another indication for surgical excision.

Learning points: Periodic umbilical bleeding should raise suspicion of umbilical endometriosis. It can be diagnosed by taking a biopsy of the suspected lesion. The surgical excision is the preferred treatment. There should be better communication between health professionals in the health system to shorten the time needed for diagnosing and treating this rare disease.

Patient Perspective and Informed Consent

We thank the patient for cooperating each step of the way. She was exhausted and annoyed by the fact that for almost two years doctors could not give her a solution for her medical problem. She was thankful that after the surgical intervention she was not having the same two years-long problems anymore. We are happy that everything went well for her.

The patient signed the informed consent. Both parties agreed that all the materials in this case report will be used for scientific purposes and the confidential information will not be exposed.

Conflict of Interest Disclose Statement

The authors declare that there is no conflict of interest.

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