

CASE STUDY OF SECONDARY UMBILICAL ENDOMETRIOSIS CAUSED BY A PAINFUL NODULAR SWELLING

Dr. Supriya Kamlakar Patil^{*1} and Dr. Kalpana Bajrang Ayare²

¹PG Scholar, Department of Prasutitantra and Striroga. MAM'S Sane Guruji Arogya Kendra,
Malwadi, Hadapsar Pune.

²Guide - M.S. Prasutitantra and Striroga, Department of Prasutitantra and Striroga. MAM'S
Sane Guruji Arogya Kendra, Malwadi, Hadapsar Pune.

Article Received on
11 October 2021,

Revised on 01 Nov. 2021,
Accepted on 21 Nov. 2021

DOI: 10.20959/wjpr202114-22440

***Corresponding Author**

**Dr. Supriya Kamlakar
Patil**

PG Scholar, Department of
Prasutitantra and Striroga.
MAM'S Sane Guruji Arogya
Kendra, Malwadi, Hadapsar
Pune.

ABSTRACT

Umbilical endometriosis is a rare disorder in which ectopic endometrial tissue are present within the umbilicus. We present a case report of a patient with painful nodular swelling with cyclic pain. Complete excision and histopathology are necessary to get a absolute diagnosis and ideal treatment for umbilical endometriosis.

INTRODUCTION

Presence of functioning endometrium in sites(glands and stroma) other than uterine mucosa is called endometriosis. Umbilical endometriosis remains a rare occurrence with an incidence of approximately 0.5-1% in all cases of endometriosis. It classically affects women of reproductive age. The lesion occur mostly on pelvic site involving the ovaries,

uterosacral ligament, ovarian fossa, cul-de-sac and bladder. Extrapelvic endometriosis occurs less commonly. The extrapelvic sites include diaphragm, pulmonary, urinary tract, brain, cutaneous endometriosis. Umbilical endometriosis remains a rare occurrence with an incidence of approximately 0.5-1% in all cases of endometriosis and is the commonest type of cutaneous endometriosis.

Pathogenesis of endometriosis is full of theories including Retrograde menstruation, Coelomic metaplasia, Direct implantation, Lymphatic theory, Vascular theory etc. Umbilical endometriosis is mostly due to coelomic metaplasia in that chronic irritation of pelvic peritoneum by menstrual blood. Alternatively, the mullerian tissue remnants may be trapped within the peritoneum. They could undergo metaplasia and be transformed into endometrium.

Umbilical endometriosis can be categorized as primary when it occurs spontaneously or secondary when it occurs following surgical open procedures. We report one such a case of secondary umbilical endometriosis.

CASE REPORT

A 32 year female has been complaining of painful nodular swelling over umbilicus with cyclic pain and bleeding over the 3 months prior two lscs.

At physical examination, she has a painful irregular brown coloured nodular swelling with diameter 0.5 cm in the umbilicus. Ultrasonography revealed that a well defined hypoechoic lesion of size 15 to 12 mm in umbilical region may be endometriosis. Under the provisional clinical diagnosis surgical exploration of nodule done under spinal anesthesia. Incision taken in a circular manner and excised the lesion of umbilicus with surrounding tissue. excised lesion sent for histopathology. Histopathological examination of the specimen revealed that it an umbilical endometriosis. No evidence of tuberculosis or malignancy noted. Patient discharged in good condition. one month after the surgery she reported complete recovery.

DISCUSSION

Endometriosis is a benign disorder, which affects 6-10% of all women in the reproductive age. The umbilicus could be an extraordinary site of endometriosis. Umbilical endometriosis can be differentiated into primary and secondary types with the former defined by a previous gynecological surgery or c-section. The pathogenesis of both types is not fully elucidated.

In our case, the patient history of low transverse caesarean section was more consistent with secondary umbilical endometriosis. The dissemination of endometrial implants to umbilical region and other areas may occur in a surgical setting where direct exposure of endometrial tissue occurs to tissue tracts blood vessels exposed by mechanical disruption. Surface of incision provide viable sites for deposition of endometrial implants. afterword, it has been hypothesized that the umbilicus may act as a physiological scar and seeding site, contributing to the etiology of secondary umbilicus endometriosis.

Surgical management is the treatment of choice. Hormone therapy can be used preoperatively for relief of symptoms, but it is not curative. It can be used to reduce the size of large lesion prior to surgery. Surgical excision was the treatment administered to the patient in this study. Diagnosis is confirmed by histopathological examination. This case is notable for the

younger age of the patient with nodular swelling, cyclic pain and bleeding after two lower segment uterine section.

CONCLUSION

Umbilical endometriosis should be suspected in the clinical setting of an umbilical mass, specially in the premenopausal female with a surgical history. This case represents endometriosis in a younger woman, with the signs and symptoms of umbilical endometriosis. Surgical management was undertaken and is generally the favored approach for definitive treatment.

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