

INTRODUCTION

Umbilical endometriosis is a rare condition that occurs when endometrial tissue grows in or around the time of menses. Cyclical navel pain, swelling and discharge from the navel area are the main symptoms.

AIMS AND OBJECTIVES

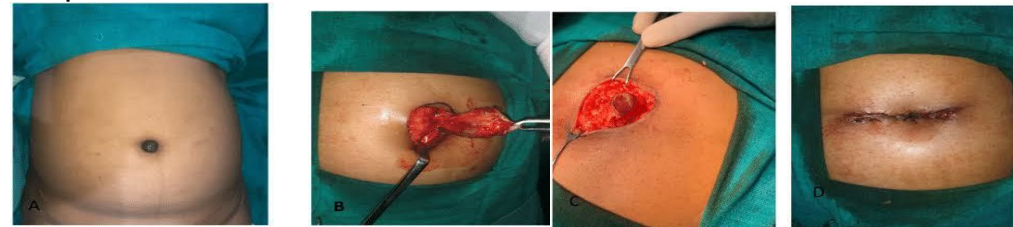
It is an example of cutaneous endometriosis which is 0.5 to 2% of all extrapelvic diseases. The aim of this study is to evaluate the clinical characteristics, presentation, diagnosis and management of umbilical endometriosis in review of literature.

MATERIAL AND METHODS

A 28 year P1+0 patient with a history of caesarean section 1 year back came to the clinic with complaints of umbilical pain and bloody discharge from umbilical lesion during menstrual cycle since 3 months. Detailed clinical evaluation done on the basis of history and examination, and the patient was re-examined during her menstrual period. The umbilical lesion appeared tender with evidence of recent bleeding. Physical examination revealed a dark colored tender lesion of about 2.5*2cm size, located in the umbilical fold. She denied having secondary dysmenorrhea, abdominal pain, dyspareunia earlier to this episode. She had no significant past medical and surgical illness. USG abdomen confirmed a heterogeneous hypoechoic mass in umbilical region of (2.5 cm × 3.1 cm) not extending to abdominal cavity or rectus sheath or muscle. Surgical excision of the lesion was done and specimen sent for histopathological examination which confirmed umbilical endometriosis. We followed her at regular intervals at our OPD to see the result.

RESULTS

This is a case of a woman with a previous caesarean section 1 year back with cyclical umbilical pain and discharge from navel since 3 months with a umbilical lesion of around 1.5 cms. Surgery was done under spinal anaesthesia, local excision done obtaining an adequate rim of normal tissue all around to prevent recurrence and endometriotic lesion was sent for HPE. She had an uneventful postoperative period and had no evidence of recurrence at follow up. She is a case of secondary cutaneous endometriosis as a result of previous c-section.



CONCLUSION

Endometriosis involving the abdominal wall is termed as cutaneous endometriosis. It is much rarer and is commonly associated with surgical scar. Umbilical endometriosis is a rare condition that must be considered as a differential diagnosis in a case of umbilical lesions. Symptoms are very specific like umbilical pain, lesion and cyclical discharge from lesion. Imaging has a limited role in diagnosis. Surgery is the mainstay of treatment and histopathology must support the diagnosis. Frequent follow up is required.