AFRICAN JOURNAL OF MEDICINE and medical sciences

VOLUME 34 NUMBER 2 JUNE 2005

ISSN 1116—4077

Niger J Med med Sci (2005) 34, 193-194

Umbilical endometriosis in a 45 year old Nigerian grandmultipara.

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Summary
A case of a 45 year old grandmultipara seen at our gynaecological clinic in October 2002 with a 5 month history of cyclical umbilical pain and swelling is presented. There was no prior history of abdominal or pelvic surgery. Umbilical lesion was excised and subjected to histological examination. This revealed umbilical endometriosis. Umbilical endometriosis is rare. The optimum treatment is surgical excision. It has been acknowledged that lack of awareness and facilities for diagnosis may contribute to its rarity. We recommend that gynaecologist should have an increased index of suspicion for this condition and send tissues of umbilical mass for histology.

Keywords: *Endometriosis, umbilicus, 45years old, grandmultipara, histological diagnosis.*

Résumé
Cette étude examinait un cas de grand multipara chez un homme de 45 ans dans notre clinique de génycologie en Octobre 2002 d'histoire de douleur cyclique umbilicale et enflame depuis 5 mois. Une lésion umbilicale incisée et analysée histologiquement revelait une endométriose umbilicale. Le traitement optimal est l'incision chirugicale. L'endométriose umbilicale est rare. Il a été réconnu que le manque d'attention et des facilités de diagnostie peuvent contribuer à sa rareté. Nous recommandons que les génycologues pourraient augmenter l'index de suspision de cette condition en faisant des analyses histologiques des tissues de la masse umbilical.

Case Report

Mrs O.C a 45 year old para 7^{+0} (5 alive) presented with a 5 month history of paraumbilical pains and swelling at the gynaecological clinic of Eku Baptist medical center in October 2002. Pain was sharp, intermittent, occurring a day before menstruation and disappearing few days after her menses, localized, worsened by movement, and relieved by rest. There was no bleeding from the umbilicus. There were no gastrointestinal symptoms. Last menstrual period was on 10/10/2002. She menstruated for 5 days in a regular cycle of 30 days. She had dysmenorrhea but no dyspareunia. There was no cough or haemoptysis. There was no history of weight loss or use of oral contraceptive. Her last confinement was in 1999. Past medical and surgical history was not contributory. She was a hair dresser.

On examination, she was not pale; her chest was clinically clear and her cardiovascular system was stable. There was an enlarged nodular mass measuring 1.5cm/0.6cm in the umbilicus, attached to the skin and not to the underlying tissue, tender with hyperpigmented skin overlying it (figure 1). Pelvic examination revealed a normal lower genital tract, the cervix was healthy and the uterus was normal sized, mobile, anteverted with normal adnexae.

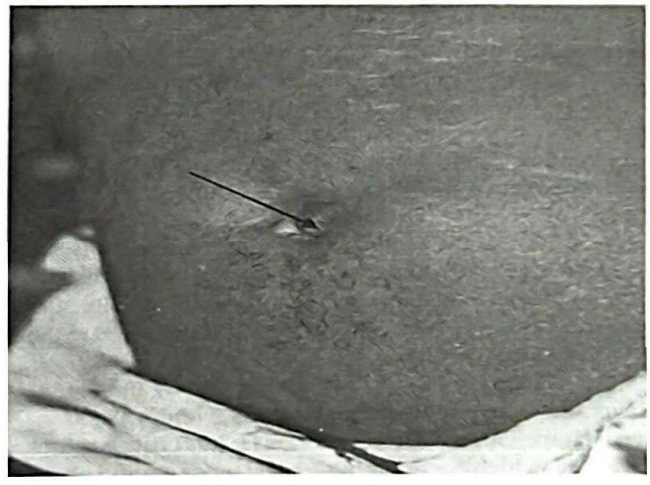

Fig. 1: The arrow points to the endometriotic lesion.

A diagnosis of endometriosis of the umbilicus was made with a differential of umbilical malignancy. Her haematocrit was 34% and she had normal urinalysis, electrolytes and chest radiograph. At surgery, the abdomen was cleaned and draped. Local skin infiltration of the umbilicus with 7mls of 2% lignocaine was done and a 2cm vertical umbilical incision was made. This was developed subcutaneously and a dark brown nodular mass measuring 1.4cm/0.5cm was teased out and excised. The skin was closed with nylon suture. The surgical specimen was subjected to histological review. Histology report read thus "section of the umbilicus is covered by mildly hyperkeratotic skin. Embedded in oedematous fibrous stroma are foci of endometrial tissue complete with glands and stroma. The glands are lined by non-vacoulated (non-secretory) columnar epithelium. The surrounding stroma is

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haemorrhagic, congested and infiltrated with nodular aggregates of lymphocytes. Diagnosis was that of umbilical endometriosis. The umbilical sutures were removed on the seventh (7th) postoperative day and the wound had healed well. She however showed marked improvement with disappearance of cyclical menstrual pain and umbilical swelling in her subsequent visits.

Discussion

Umbilical endometriosis is rare [1,2] and more so in a grandmultiparous black woman. Hitherto, the belief was that endometriosis was uncommon in blacks [3]. This may have been due to reduced awareness and dearth of facilities and manpower for histological diagnosis in Africa.

Endometriosis may occur in women throughout their reproductive years [4,5,6]. They are characteristically nulliparous and often have delayed their childbearing [6]. Pelvic endometriosis may be associated with infertility [6,7,8]. . The exact prevalence of endometriosis remains unknown [4,6]. There is a general belief that the prevalence is rising but no longitudinal population studies have been performed. The rising prevalence may be due to an increased awareness of the disease and the greater ease with which the diagnosis can be made [6]. Of women diagnosed as having endometriosis 90% are between the ages of 20-50 years [2]. In a prospective study from the Mayo clinic, Williams and Pratt found endometriosis in 50% of 1000 patients undergoing laparotomy for unrelated cases [9]. Endometriosis seems to be a disease of the high socioeconomic group and the financially successful [6]. Mrs OC was a hairdresser and belonged to the low socioecomic bracket.

Endometriosis occurs spontaneously in the umbilicus and in the inguinal canal usually without any associated intrapelvic endometriotic lesion [1,2,5,6,10]. It causes a swelling, which becomes bigger and more painful about the time of menstruation [1,2,5,6,10]. Mrs O.C had cyclical umbilical pain. Lesions with similar characteristics usually occur in abdominal scars following surgeries on the uterus and tubes [2,5,6,10] However Mrs O.C never had any previous surgery. The optimum treatment for this condition is surgical excision [1,2,5,6,10] which she had. A good differential diagnosis is an umbilical malignancy and this was ruled out histologically.

We recommend that gynaecologist should have an increased index of suspicion for this condition and send all tissues for histological diagnosis where facilities are available.

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Received: 29/01.04
Received: 22/02/05