

Umbilical endometriosis (Villar's nodule)



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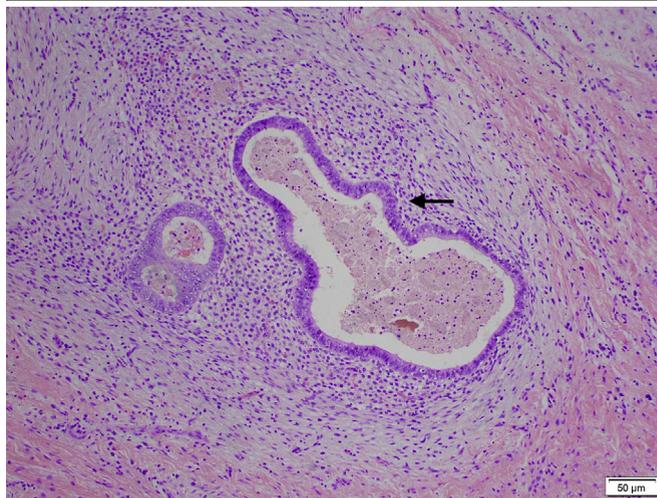
FIGURE 1
Umbilical nodule



A pigmented, ovoid nodule measuring $2.5 \times 2.0 \times 2.0$ cm is seen nested within the umbilicus.

Dashraath. Umbilical endometriosis (Villar's nodule). *Am J Obstet Gynecol* 2019.

FIGURE 2
Histology



Photomicrograph of the excised nodule shows endometrial glands and stroma (*arrow*) with no cytologic features of malignancy. Hematoxylin and eosin staining, original magnification, $\times 100$.

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A 30 year old nulliparous woman presented with a pelvic mass and an enlarging umbilical nodule over the preceding 6 months, which appeared as a firm, russet-red tumor protruding through her umbilicus (Figure 1). There were no abdominal masses, ascites, or enlarged supraclavicular lymph nodes on examination. The serum cancer antigen-125 level was elevated at 78 U/mL, and a computed tomography scan demonstrated a left adnexal mass with soft tissue deposits within the parietal peritoneum and rectouterine pouch. A wide local excision of the umbilical lesion confirmed ectopic endometrial glands and stroma (Figure 2). Postoperatively she was commenced on oral dienogest, an antigonadotropic 19-norprogesterin derivative for the hormonal suppression of endometriosis.

Umbilical endometriosis (Villar's nodule) may develop following metaplasia of urachal remnants or from iatrogenic dissemination after abdominal surgery in patients with pelvic endometriosis. It may be mistaken for a Sister Mary Joseph's nodule in the context of an ovarian mass and raised serum cancer antigen-125 levels. ■

ACKNOWLEDGMENT

The authors thank associate professor Gangaraju C. Raju, FRCPATH, Department of Pathology, National University Hospital, Singapore for furnishing the pathology images.

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Received April 4, 2019; accepted April 26, 2019.

The authors report no conflict of interest.

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0002-9378/\$36.00

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<https://doi.org/10.1016/j.ajog.2019.04.032>