

Primary umbilical endometriosis coexisting with uterine fibroid

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Objective: Primary umbilical endometriosis is a very rare condition while there are even fewer cases of endometriosis coexisting with uterine fibroids reported.

Case report: A 36 year old woman with complaint of lower abdominal swelling, pain at the umbilicus and cyclical bleeding from the umbilicus of 2 years duration. She never had a previous laparoscopic, abdominal or pelvic surgery.

Ultrasonography showed multiple concentric uterine hypoechoic masses. Hysterosalpingography showed bilateral tubal blockage. She had abdominal myomectomy and total umbilical excision. There were no intra abdominal endometriotic deposits noticed. Histopathology of specimens confirmed leiomyomata and umbilical endometriosis. Subsequent menstrual cycles following surgery were not associated with dysmenorrhoea or bleeding from any abnormal sites.

Discussion: Umbilical endometriosis (UE), also called Villar's Nodule, was first described by Villar in 1886.¹ It is characterized by endometrial tissue found in anatomical localizations other than the uterus.² It is extremely rare, the incidence being only 0.5-0.1% of all women with extra gonadal or external endometriosis.¹ Primary umbilical endometriosis could develop from metaplasia of urachal remnant, although the etiology of umbilical endometriosis is not completely understood.³ The relationship between leiomyoma and endometriosis is poorly understood. Both contribute to considerable pain and may cause subfertility or infertility in women.⁴ The coexistence rate of endometriosis and leiomyoma continues to be poorly understood, as few studies have investigated the association. Previous literature reports the existence of endometriosis during laparoscopic myomectomy is between 12% and 26%. Dismissing the diagnosis of endometriosis during surgical intervention for fibroid tumors, can result in suboptimal treatment, especially in patients with chronic pelvic pain, infertility, or both.⁴ Surgical exploration and excision are a safe and definitive treatment of primary umbilical endometrioses.² The patient in the index case had myomectomy and umbilical endometriosis excision at the same time which improved her overall quality of life.

Conclusion: Umbilical endometriosis in coexistence with uterine fibroid, though rare should be included in differential diagnosis and optimal management of patients would improve quality of life and prevent repeat operation.

References: 1.Panicker R, et al. Villar's Nodule: A Rare Presentation of External Endometriosis. *Med J Armed Forces India*. 2010;66(1):70-71.; 2.Capasso L,et al. "Primary Subcutaneous Umbilical Endometriosis: Case Report and Review of the Literature." *Case reports in surgery* vol. 2020 8899618. 30 Nov. 2020; 3. Obura T, et al. Umbilical endometriosis: a case series. *J Med Case Reports* 14, 142(2020); 4. Nezhat C, et al. Strong Association Between Endometriosis and Symptomatic Leiomyomas. *JSLS*. 2016;20(3):e2016.

