

PERSISTENT VITELLOINTESTINAL DUCT IN AN ADULT PRESENTING AS STRANGULATED UMBILICAL HERNIA: A CASE REPORT

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Background

Persistent **vitellointestinal duct (VID)** is a rare congenital anomaly resulting from failure of duct obliteration during **5–9 weeks of gestation**. Adult presentation is extremely uncommon and may mimic an **umbilical hernia** or other **umbilical lesions**.

Case



A **54-year-old woman** presented with progressive **umbilical swelling** and **foul-smelling purulent discharge**.

CT imaging demonstrated a segment of small bowel within an **umbilical hernia**, initially interpreted as an **incarcerated hernia**.

The patient underwent **diagnostic laparoscopy**, which was converted to **open surgery** due to dense adhesions and concern for compromised bowel. Intraoperatively, an **intestinal tract connecting the antimesenteric ileum to the umbilicus** was identified, consistent with a **persistent vitellointestinal duct**.

Management:

A **segmental small bowel resection** with **side-to-side stapled anastomosis** was performed, along with **complete excision of the umbilicus** and **associated tract**

Results

Gross examination showed **dusky, thickened bowel** with **surrounding fibroadipose tissue**. Histopathology revealed an **abscess with acute-on-chronic inflammation** and **granulation tissue**. The tract was **lined by intestinal mucosa**, confirming a **patent vitellointestinal duct (VID)**.

The patient had an **uneventful recovery** and was **discharged on postoperative day 5** in **stable condition**



Conclusion

Adult **patent vitellointestinal duct (VID)** is extremely rare and may present with **umbilical discharge**. **Imaging aids diagnosis**, and **surgical resection** is the **definitive treatment**. This case highlights the need for a **broad differential** in **atypical umbilical presentations**.