Incidental Umbilical Malignancy Mimicking Hernia: Surgical Management

Lauren Bishop, M.D., Zornes, Michael D.O., Joseph, Delcasse M.D., Bangi, Kevin Zachary MPH, Kupershmid, Beatrice

Introduction

Endometrioid carcinoma is a common subtype of uterine cancer occurring in 3% of females in the United States in the 6th and 7th decades of life. In this case, a 62-year-old female presented with an umbilical mass that could not be reduced, which was initially hypothesized to be an umbilical hernia. On CT imaging, a mass, not a hernia, was present in both the periumbilical area and the hepatic dome. An excisional biopsy was performed along with a Rives-Stoppa abdominal repair.

Case Presentation

62-year-old Hispanic Female with past medical history of iron-deficiency anemia, endometriosis, and umbilical hernia presented to the emergency room with a nonreducible umbilical hernia for 2 weeks. In addition, past surgical history includes a hysterectomy for endometriosis in 2017. Patient has minimal complaints with pain, 5 out of 10, and denies nausea and vomiting.

On presentation to the Emergency Department, she was afebrile, sinus rhythm, normotensive, and saturating well on room air. Vital signs: Temperature 97.7 F, Heart Rate 90, Blood Pressure 117/73, Respiratory Rate 15, Saturation 97% on room air. On physical examination, she was awake, alert, and oriented, with no signs of acute distress. Patient was normocephalic, atraumatic. The neck was supple. Cardiovascular exam revealed tachycardia, normal rhythm. Abdomen was soft, a mass palpated at the umbilicus, and normal bowel sounds.

Lab values revealed leukocytes of 8.2, hemoglobin/hematocrit 11.8/36.9, and platelets 297. Chemistries showed sodium 135, potassium 4.7, chloride 104, bicarbonate 27, urea nitrogen 13, and creatinine 0.6.

CT Abdomen and Pelvis with IV and Oral Contrast was obtained in the emergency department. Findings showed an acute intra-abdominal or intrapelvic process, a 3.5 cm mass in the right upper quadrant superior to the hepatic dome. A 5.6 cm mixed solid and cystic mass in the periumbilical soft tissues was also shown. All to be consistent with malignancy. Patient reported increased intermittent pain and growth within the past 2-3 months, deeming surgical intervention. An excisional biopsy of a 10 x 5 cm umbilical mass was converted to a laparoscopic diagnostic procedure with Rives-Stoppa abdominal wall repair with mesh to better visualize the hepatic lesion. Post-operatively, the patient had an uneventful recovery and was discharged on post-op day 2 in stable condition.

Figure 1

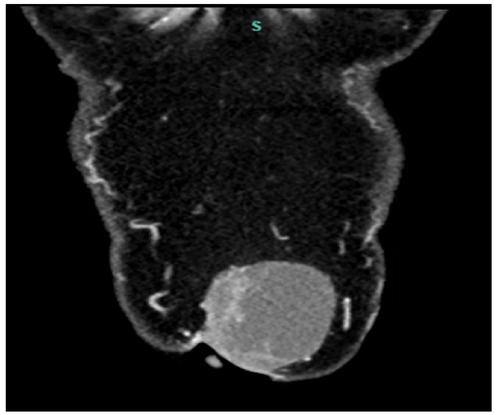

Figure 2

Conclusion

Endometroid carcinoma is a malignancy found in the endometrial lining of the uterus, commonly occurring in post menopausal women in the 6th and 7th decades of life. Presentation usually includes abnormal bleeding and abdominal pain. In this case, the patient presented with an umbilical mass and urinary symptoms, signs pointing to an umbilical hernia. With the assistance of CT and biopsy, the mass was excised in the umbilical and hepatic regions, with pathology reports confirming it to be adenocarcinoma

Pathology results: Abdominal wall excision revealed to be endometrioid carcinoma, FIGO grade 2 with squamous metaplasia. In the subcostal peritoneum, metastatic carcinoma. In the perihepatic mass, a cauterized mass with atypical glandular epithelium, adenocarcinoma, unable to be ruled out. CT images of the mass can be found in figures 1 and 2.

Discussion

Umbilical masses in adults are commonly attributed to hernias; however, nonreducible or enlarging lesions warrant further evaluation for malignancy. Metastatic involvement of the umbilicus (Sister Mary Joseph nodule) is uncommon but associated with intra-abdominal malignancy.

This case is notable for an atypical presentation of endometrioid carcinoma as a presumed umbilical hernia with concurrent hepatic involvement. Preoperative imaging raised suspicion for malignancy, prompting operative intervention. Conversion to diagnostic laparoscopy allowed direct visualization of the hepatic dome and falciform region, facilitating biopsy of additional lesions and improving staging accuracy.

This case highlights the importance of maintaining a broad differential for nonreducible umbilical masses and demonstrates the utility of laparoscopy as both a diagnostic and therapeutic tool when intra-abdominal malignancy is suspected.

References

1. Makker V, MacKay H, Ray-Coquard I, Levine DA, Westin SN, Aoki D, et al. Endometrial cancer. Nat Rev Dis Primers. 2021;7(1):88. Published December 9, 2021. doi:https://doi.org/10.1038/s41572-021-00317-2