

A Case of Endometrioma of the Umbilicus.

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SINCE attention has been so much drawn to the presence of endometrial tissue in the ovary and pelvic peritoneum cases have been described in which endometrium has been found in other ectopic situations. A. C. Palmer has described three cases in which he found endometrial tissue in the skin of the perineum. So far I have seen no account of endometrioma of the umbilicus, and think that the description of such a case may be of interest. In March, 1925, when I was operating at the Ilford Emergency Hospital, I was asked to see a patient who complained of bleeding from the umbilicus at her menstrual periods. I examined her umbilicus and found a condition which I had not seen before, not an umbilical polypus, but two purplish lumps the size of small peas from which dark blood was oozing. She was menstruating at the time. I said that the condition looked like an endometrioma, and that if it was one I ought to find a tender fixed mass in the pelvis. On bimanual examination both ovaries appeared to be normal, but in the pouch of Douglas there was a fixed tender mass, hard and apparently solid in consistence, about the size of the top-joint of my thumb.

She was admitted into the London Hospital a few weeks later for operation. She was 41 years old, had been married nine years, and had had no children or miscarriages. For the last three years her menstrual periods had been profuse and painful, the pain being chiefly in the right iliac fossa and going up to the umbilical region. She had been curetted in 1923 with no benefit. Since December, 1924, there had been some hæmorrhage from the umbilicus during the menstrual periods, and she thought that the occurrence of this bleeding relieved the pain to some extent.

I removed the umbilicus and then opened the abdomen. The uterus and ovaries were normal. Deeply situated in the pouch of Douglas was a nodule the size of a small walnut. I removed this as completely as I could, but chose to leave a thin layer on the anterior wall of the rectum rather than risk opening the bowel. The urachus showed nothing abnormal. The patient made an uninterrupted recovery and reported in June that she had had no pain or excessive bleeding since the operation. The Pathological Department reported that there were fragments of ectopic endometrium in unstriated muscle and fibrous tissue from the pouch of Douglas, and slight hæmorrhage in ectopic endometrium in the subcutaneous tissue of the umbilicus.