ABSTRACT: Endometriosis is a disease characterized by the presence of endometrial tissue outside the uterine cavity. Umbilical endometriosis consists in the presence of endometrial glands and/or stroma in the inner region of the navel. The objective of this study is to report a secondary umbilical endometriosis case related to previous rectosigmoidectomy and perform a literature review. The pathogenesis of umbilical endometriosis is not yet fully understood, but there are theories attributed to retrograde menstrual flow, metaplastic transformation, and iatrogenic deposition in remnant surgical procedures. The classification into primary or secondary occurs according to the origin of the disease. Symptoms include cyclic abdominal pain and umbilical bleeding. The diagnosis is made by anamnesis and physical examination, being confirmed by complementary exams, such as histopathological analysis. The treatment of choice should be total excision of the lesion and pathological analysis. Hormonal treatments can help in the surgical treatment, regression of the lesion, and prevention of recurrence.

Keywords: Endometriosis; Umbilicus; Genital diseases, Female; Genitalia, female; Rare diseases.

RESUMO: A endometriose é uma doença caracterizada pela presença de tecido endometrial fora da cavidade uterina. A endometriose umbilical consiste na presença de glândulas endometriais e/ou estroma na região interna do umbigo. O objetivo deste estudo é relatar um caso de endometriose umbilical secundária relacionada a retossigmoidectomia prévia e realizar uma revisão de literatura. Sua patogênese ainda não foi totalmente compreendida, mas existem teorias atribuídas ao fluxo menstrual retrógrado, transformação metaplásica e deposição iatrogênica em procedimentos cirúrgicos prévios. A classificação em primária ou secundária ocorre de acordo com a origem da doença. Os sintomas incluem dor abdominal cíclica e sangramento umbilical cíclico. O diagnóstico inicial é feito por anamnese e exame físico, sendo confirmado por exames complementares como a análise patológica. O tratamento de escolha deve ser a exérese total da lesão e análise patológica. Os tratamentos hormonais podem ajudar no tratamento cirúrgico, na regressão da lesão e na prevenção da recorrência.

Palavras-chave: Endometriose; Umbigo; Doenças dos genitais femininos; Genitália feminina; Doenças raras.
INTRODUCTION

Endometriosis is a disease characterized by the presence of endometrial tissue outside the uterine cavity. About 6 to 10% of women of childbearing age are affected by the disease worldwide, that is, approximately, 190 million people. Its occurrence is explained by the retrograde flow of menstruation, metaplastic transformation, or iatrogenic deposition.

Umbilical endometriosis was first described as Villar's nodule in 1886, and is defined as the presence of endometrial glands and/or stroma in the inner region of the umbilicus. The etiology of the disease has not yet been fully clarified, but the theories cited are: retrograde menstrual flow, metaplastic transformation, and iatrogenic deposition in surgical procedures.

It is a rare pathology that corresponds to 0.5-1% of all extra-pelvic diseases, and is the most common manifestation of cutaneous endometriosis. The symptomatology involves umbilical edema, cyclic pain and cyclic umbilical bleeding. The diagnosis is made by clinical and histopathological analysis. Umbilical endometriosis is classified according to its origin into primary, when it occurs spontaneously, and secondary, in which there is a history of surgical scars. It can affect up to 1% of women who undergo cesarean section.

Therefore, the objective of this study is to report a case of secondary umbilical endometriosis related to previous rectosigmoidectomy, and to perform a literature review.

OBJECTIVE

The main objective is to report an infrequent pathology in literature.

METHODS

Case report and brief literature review.

CASE REPORT

A 50 year-old female patient presented at the Gynecology service with a history of bowel endometriosis requiring rectosigmoidectomy 5 years ago. She was using contraceptives continuously. She complained of hot flashes and intense sweating, reduced libido and vaginal secretions, and difficulties in evacuating.

Furthermore, she reported bleeding in the umbilical region during her menstrual period. On physical examination, she had a rounded abdomen, with a hardened peri-umbilical region, with an irregular umbilical lesion, with a darkened color and absence of secretion.

Considering the hypothesis of umbilical endometriosis, a CT scan of the abdomen was requested, which showed the presence of a nodular formation with soft tissue density located in the subcutaneous cellular tissue of the anterior abdominal wall, in the periumbilical and paramedian region on the right, extending to the muscular planes of the anterior rectus abdominis ipsilateral, measuring 5.3x3.6x3.2 cm.

Thus, the indicated conduct was exploration and excision of the umbilical lesion.
DISCUSSION

Umbilical endometriosis is a rare pathology, being one of the most common manifestations of cutaneous endometriosis. This can manifest simultaneously with pelvic endometriosis even to 25% of cases[1].

The pathogenesis of this disease is not fully understood. There are theories that explain the manifestation of endometrial tissue outside the uterine cavity, such as: metaplasia, migration of endometrial cells through the abdominal cavity, lymphatic or vascular systems, embryonic remnants in the umbilical fold, biological factors such as genetic predisposition and immunological defects, direct implantation by surgical inoculation, the latter being considerably accepted by many authors[2,6,7].

The classification of this disease is established according to its origin. The most frequent primary form does not seem to be related to previous surgeries, while the secondary form is less related to common surgeries, such as laparoscopic procedures[8].

In the report, the patient underwent a previous rectosigmoidectomy, which characterizes the case as secondary umbilical endometriosis. The differentiation between primary and secondary development is important to understand the pathogenic mechanism of the disease[9].

The signs and symptoms of the disease include umbilical edema, cyclic abdominal pain and umbilical bleeding[10]. The lesions may be asymptomatic or well characterized, with the presence of palpable, brownish, reddish, or violaceous masses[11].

The incorrect diagnosis may occur mainly due to the late onset of symptoms after surgery, with the mean period of onset being 4.5 to 5.7 years[5,8].

The diagnostic hypothesis is reached through anamnesis and physical examination, and is confirmed by complementary exams. Ultrasonography of the abdominal wall is requested to characterize the appearance of the nodule and the involvement of adjacent tissues, which is the initial assessment measure.

Magnetic resonance (MR) and CT can be used to extend the investigation, being useful to delimit the lesion and exclude differential diagnoses. Among them, the main ones are: umbilical metastases from neoplasms of the gastrointestinal tract, hernias, pyogenic granuloma, nodular melanoma, umbilical polyph and other tumors.

The diagnosis is given by histopathological analysis showing the presence of endometrial tissue; immunohistochemistry contributes to the detection of estrogen and progesterone receptors[1,2,5].

The treatment of choice should be total excision of the lesion with a safety margin, and anatomopathological analysis is necessary to confirm the effectiveness of the procedure and decrease the likelihood of recurrence. Hormonal treatment can be performed before the procedure, with the purpose of regression of the lesion, and after resection to prevent recurrence. The most commonly used are oral contraceptives, progesterone, leuprolide, and danazol. Hormone therapy without performing excision is ineffective due to recurrence of symptoms after discontinuation[5,6,8].

CONCLUSION

With high incidence, endometriosis may affect up to 10% of women of childbearing age, and even to 1% of these are usually umbilical, which are classified as primary or secondary. Although the etiology of umbilical endometriosis is not completely clear, the theory of direct implantation is widely considered by authors. The main signs and symptoms include umbilical edema, cyclical abdominal pain and umbilical bleeding, but it can also be asymptomatic. The diagnosis is based on the anamnesis, physical examination and confirmatory complementary exams. The exclusion of differential diagnoses must be considered during the diagnosis in order to adequately conduct the management of the patient and obtain a good prognosis. After confirmation, total exeresis of the lesion is indicated, and may be preceded and followed by hormone therapy.

In view of the lack of available literature, it is essential to carry out further studies on the subject addressed.


REFERÊNCIAS


