

## PRIMARY UMBILICAL ENDOMETRIOMA OR VILLAR NODULE: A CASE REPORT

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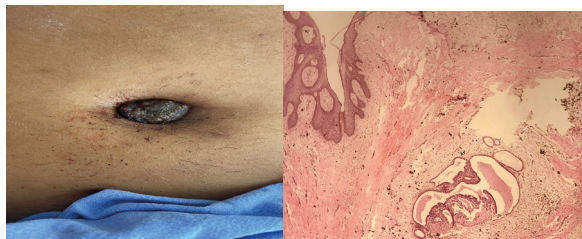
## INTRODUCTION

Endometriosis is characterized by the presence of endometrial glands outside the uterine cavity, affecting around 10-20% of women of reproductive age. Among its sites, the skin surface accounts for 1% of cases, with the umbilical scar being the most common site. Also known as Villar's nodule, this pathological condition manifests as a purple or red nodule, of variable diameter, associated with cyclical pain with or without bleeding. It can be primary or secondary, the former being more common and found in patients with no surgical history and the latter in women who have undergone conventional or laparoscopic surgical procedures. Its treatment consists of radical resection with wide local excision. This article aims to discuss the diagnosis and management of umbilical endometrioma, sometimes referred to the general surgeon as umbilical hernia.

## CASE REPORT

A 47-year-old female patient with no surgical history or documented history of endometriosis was admitted to the general surgery department of the Military Police Central Hospital with a swelling on her umbilical scar. She reported gradual growth over the last two years, associated with pain and minor bleeding during menstrual periods. The lesion was brownish in color, with small wine-colored nodules, bleeding on palpation and measuring around 2.0 cm in diameter. Due to the cyclical nature of the pain, which correlated with her menstrual cycle and topography, umbilical endometriosis was suspected. The initial differential diagnosis included simple inclusion cyst, granuloma and umbilical hernia. A computed tomography scan of the abdomen suggested umbilical endometrioma. Surgical resection with omphaloplasty was carried out without complications and the diagnostic hypothesis

was confirmed by a histopathological study of the specimen. The patient was followed up for over a year without macroscopic umbilical recurrence. She is currently in perimenopause, undergoing conservative therapy with the use of oral contraceptives, and is being followed up clinically by the gynecology team due to the identification of new asymptomatic pelvic foci of endometriosis shown on complementary magnetic resonance imaging.



Endometrioma: focus of endometrioma near the epidermis of the umbilical region

## COMMENTS

Single-block surgical resection of the aponeurosis and peritoneum is the treatment of choice, reducing local recurrence. If possible, pelvic evaluation of other endometrial foci should be carried out with magnetic resonance imaging or laparoscopy. Combined oral contraceptives and progestins are used as long-term therapy to reduce the stimulation and inflammatory effects of endometriotic implants. This report highlights a perimenopausal patient with a primary umbilical endometrioma and demonstrates a rare differential diagnosis that is nevertheless relevant to umbilical surgical pathologies. A multidisciplinary approach can help increase access to diagnosis, reduce morbidity and add quality of life to the affected population.