

Bleeding Umbilical Nodule

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CASE REPORT

A 37-year-old woman presented with a one year history of an enlarging nodule on her umbilicus. The lesion had started to bleed intermittently, which had prompted referral to the dermatology unit. It was otherwise asymptomatic and she had no history of dermatoses. She had a background history of hypertension and osteogenesis imperfecta that was diagnosed in infancy.

On examination, a 16 × 10-mm pink pedunculated nodule was present on the inferior aspect of the umbilicus (Fig. 1). The lesion had a smooth surface and felt hard on palpation. Ultrasonography revealed a vascular lesion with a cystic component that did not communicate with the peritoneal cavity. A shave excision of the lesion was performed.

HISTOPATHOLOGICAL FINDINGS

At low power, histopathological examination of the nodule revealed irregular dilated glands in the mid dermis that were lined by hyperchromatic cells (Fig. 2). At higher power, the lining consisted of columnar epithelium with some secretions in the lumen. Distinct stroma was seen surrounding the glands, which was moderately cellular with hemosiderin laden macrophages and edema (Fig. 3). Mitotic figures were seen, but there were no abnormal forms.



FIGURE 1. A 16 × 10-mm pink pedunculated nodule on the inferior aspect of the umbilicus.

WHAT IS YOUR DIAGNOSIS?

(Continued on page 318)

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The authors declare no conflicts of interest.

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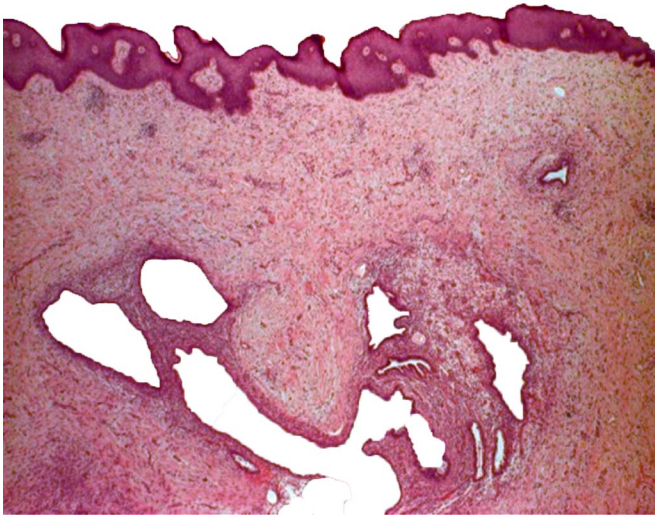


FIGURE 2. Irregular dilated glands in the mid dermis (hematoxylin and eosin, original magnification $\times 10$).

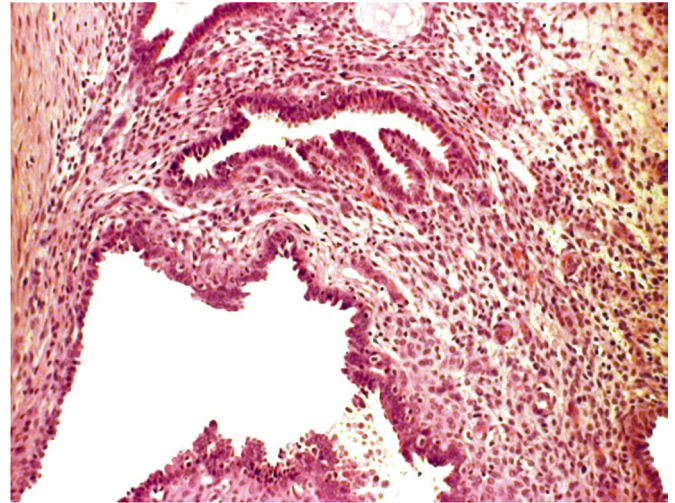


FIGURE 3. Glands with columnar lining with surrounding cellular stroma and edema (hematoxylin and eosin, original magnification $\times 40$).