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## SPOT DIAGNOSIS (IMAGE GALLERY)

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### **UMBILICAL MASS**

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A five-month-old male child presented with an umbilical mass. It had appeared on 8th day, 2 days after the umbilical stump has fallen off. There was a history of serous and sometimes bloody discharge from the mass. On examination, a red polypoidal, firm, non-tender umbilical mass with a nodular and glistening surface, and 2cm x 2cm in size was found. Hemogram and ultrasonography (USG) of abdomen were normal. Surgical excision of the mass was done. Histopathological examination of the excised mass showed presence of intestinal tract mucosa in it.

### **What is the diagnosis?**

Umbilical polyp. It is a rare anomaly, resulting from persistence of all or part of the omphalomesenteric duct (OMD) or the urachus. (1) Usually umbilical polyp represents only the distal remnant of OMD or the urachus. In such cases, it is present in absence of other OMD or urachal anomalies. Sometimes, it may be associated with other OMD anomalies like omphalomesenteric cyst, intestinal fistula or meckel's diverticulum or urachal remnants like urachal cyst, sinus or patent urachus. (2) Umbilical polyp must be differentiated from the much common umbilical granuloma. The latter appear as 1mm to 1cm pink friable lesions. Unlike umbilical granuloma, umbilical polyp does not respond to silver nitrate cauterization. (2) Most infants with umbilical polyps will have small amount of discharge, but significant and persistent discharge, particularly if it resembles intestinal content or urine, should suggest the possibility of co-existent vitelline or urachal remnants. (1,2) USG should be obtained and a fistulogram, sinogram may be occasionally useful in this setting. Histologically, the polyp consists of intestinal or urinary tract mucosa. Treatment is surgical excision of the polyp and the OMD or urachal anomalies, if associated. (1,2)

### **References:**

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2. Pomeranz A. Anomalies, abnormalities, and care of the umbilicus. *Pediatr clin North Am* 2004; 51: 819-827

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