

Dermatoscopy of Umbilical Granuloma

Umbilical granulomas (UG) are formed by excessive granulation tissue proliferation, post umbilical cord shedding presenting as soft vascular nodule, usually asymptomatic but may be tender secondary to superadded infection.

A 2-month-old baby presented with complaints of erythematous nodule of size 1.5 × 1.5 cms over the umbilicus [Figure 1a] after the shedding of the umbilical cord. Mother did not notice any discharge or tenderness except for a single episode of bleeding from the nodule which subsided of its own. On the basis of history and clinical appearance, the diagnosis of umbilical granuloma was established. Dermatoscopy (DermLite 3N, polarized, 10×) of the nodule showed a milky red background (blue asterisk) with multiple fine linear (green arrow), dotted (yellow arrow) and tortuous vessels (white arrow) [Figure 1b and c]. These structureless milky red background corresponds to the hyperproliferative fibroblasts, vascular endothelial cells and granulation tissue,



Figure 1: (a) Umbilical granuloma of size 1.5 × 1.5 cms with brown crusting present over the margins of the granuloma. (b and c) Dermatoscopic image (DermLite, 3N, polarized, 10×) of umbilical granuloma showing milky white background (blue asterisks) studded with linear (green arrow), dotted (yellow) and tortuous (white arrow) vessels over the surface

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while the neoangiogenesis is seen as superficial vascular patterns.^[1]

Our findings were similar to previous reported dermatoscopic findings of UG by Ancer-Arellano J *et al.*^[2] Patient was treated with topical application of 30% trichloroacetic acid once a week followed by resolution of the lesions. Other known treatment options include topical silver nitrate, table salt application and surgical excision.

Vascular lesion seen over umbilicus in these age groups are umbilical granuloma, umbilical polyp and patent urachus. UG is the most common neonatal umbilical anomaly.^[3] Umbilical polyp is comparatively rare entity seen as erythematous umbilical nodule. Clinically, they are potential indicator of intestinal obstruction and histopathologically they represent intestinal mucosa.^[4]

Dermatoscopic features of these entity haven't been described in literature yet. Furthermore, findings of common differentials need to be evaluated for the dermatoscopic features to avoid diagnostic dilemma.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

**Rubina Jassi,
Sarita Sanke,
Ram Chander**

Department of Dermatology,
Lady Hardinge Medical College
and Associated Hospitals,
New Delhi, India

Address for correspondence:

Dr. Sarita Sanke,
Department of Dermatology and
STD, Lady Hardinge Medical
College, Shaheed Bhagat Singh
Marg, New Delhi - 110 001,
India.

E-mail: sankesarita@gmail.com

Access this article online

Website: www.idoj.in

DOI: 10.4103/idoj.IDOJ_171_20

Quick Response Code:



How to cite this article: Jassi R, Sanke S, Chander R. Dermatoscopy of umbilical granuloma. Indian Dermatol Online J 2022;13:551-2.

Received: 26-Mar-2020. Revised: 18-Jun-2020.

Accepted: 20-Jul-2020. Published: 19-Sep-2020

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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