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General Medicine



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A Woman With Painful Umbilicus

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1 PATIENT PRESENTATION

A 57-year-old woman with type 2 diabetes mellitus and morbid obesity (body mass index 53.2 kg/m²) presented to the emergency department with a 4-day history of intermittent pain and swelling of the umbilicus. One day prior to presentation, the pain worsened, and a foul-smelling yellowish discharge was noted. The patient also reported an occasional, painless bulging of the umbilicus over the past year. She denied any history of abdominal surgery or recent trauma. On physical examination, her vital signs were within normal limits. Abdominal examination revealed tenderness and erythema over the umbilical area, with fecal content leaking from the site (Fig 1). Computed tomography of the abdomen confirmed the diagnosis.

2 DIAGNOSIS: INCARCERATED UMBILICAL HERNIA WITH SPONTANEOUS ENTEROCUTANEOUS FISTULA

The computed tomography scan revealed a strangulated umbilical hernia (UH) and a perforated bowel loop with skin



FIGURE 1. Erythematous skin over the swollen umbilicus with a leakage of fecal content.

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FIGURE 2. Computed tomography of the abdomen demonstrating a strangulated umbilical hernia (red arrow). The short yellow arrow indicates skin disruption, consistent with a perforated bowel communicating with the skin, indicative of an enterocutaneous fistula.

disruption, consistent with an enterocutaneous fistula (Fig 2). An emergency exploratory laparotomy was performed, including ileocecectomy and closure of the abdominal wall defect. After surgery, she developed a surgical wound infection but was successfully treated and discharged following a 36-day hospitalization.

UJs are common in adults.¹ Although nonoperative management of UJs can be safe, the risk of complications leading to emergency department visits remains significant.^{2,3} Incarcerated UJ with spontaneous enterocutaneous fistula is an exceptionally rare complication. To prevent such complications, surgical repair is recommended for patients with symptomatic or large UJs, as emergency surgical intervention

is associated with poorer outcomes compared with elective procedures.^{4,5}


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CONFLICT OF INTEREST

The authors had no conflict of interest to declare.

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