

Neonatal Umbilical Mass

Geoffrey Alexander, MD
Ryan Walsh, MD
Adam Nielsen, MD

Madigan Army Medical Center, Department of Emergency Medicine, Tacoma,
Washington

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A 41-day-old girl presented to the emergency department with a new dark red mass protruding from the umbilicus noted 3.5 hours prior to presentation. The patient's mother reported the umbilical stump fell off at 4 days of life, but the patient continued to have intermittent clear green drainage from a small mass at the base of the umbilicus. The patient was born full-term with an otherwise unremarkable medical history.

Physical exam revealed a small, moist, erythematous mass protruding from the umbilicus (Figure). The mass was removed with minimal bleeding and no pain while attempting silk ligation. The specimen was sent for pathology, which returned 3 days later with the diagnosis of umbilical granuloma.

An umbilical granuloma is a common benign abnormality in neonates that form from excess granulation tissue remaining at the base of the umbilicus after cord separation. It forms during the first few weeks of life and should not be present at birth. They typically are associated with persistent drainage involving the umbilicus after cord separation.¹ It is a soft, round, moist, usually pink, friable, pedunculated mass, typically 3–10 mm in diameter. Umbilical polyps, urachal tract, and omphalomesenteric duct remnants must be considered.^{1,2}

Multiple techniques are available to treat umbilical granulomas. Application of topical antibiotics, elimination of friction, air drying with alcohol wipes, and application of common table salt are conservative measures that may allow for epithelialization.^{3–5} Cauterization with silver nitrate is the most common treatment and generally requires multiple applications.^{1,6} Ligation, electrocautery, and cryosurgery are other treatment options. Further evaluation for other pathology is warranted if the lesion fails to resolve with silver nitrate and/or ligation.^{1,5,7}

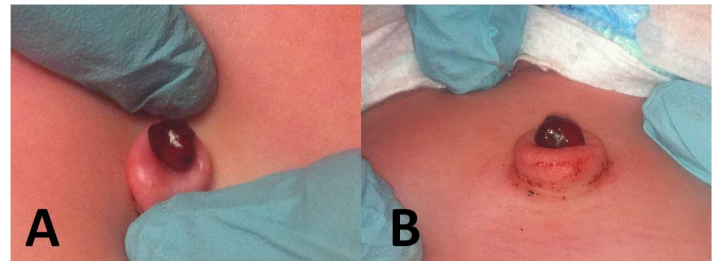


Figure. View from above (A) and from the side (B) with umbilicus retracted to demonstrate pedunculated stump of the umbilical granuloma.

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Address for Correspondence: Geoffrey Alexander, MD. Madigan Army Medical Center, Department of Emergency Medicine, Bldg 9040 Fitzsimmons Drive, Tacoma, WA 98431. Email: galexander703@gmail.com.