

Spontaneous umbilical cord haematoma

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DESCRIPTION

Spontaneous umbilical cord haematoma (SUCH) is a rare complication of delivery, associated with high mortality and causing fetal distress and stillbirth. Perinatal loss rate is about 50% and its incidence in live births is approximately one in 11 000 pregnancies.¹ It occurs from the rupture of the umbilical veins and the cause of bleeding is uncertain. Risk factors for SUCH include morphologic anomalies of the umbilical cord (length or thickness), true knots, cord prolapse, traction or shortness of the cord, infection or postmaturity.²

We describe a newborn girl, born at 39 weeks gestational age with a small swelling of the umbilical cord stump. She was born by vaginal delivery, following an uneventful pregnancy with normal scans and serology. There was no history of any invasive fetal procedures, fetal distress or trauma during pregnancy and delivery. Six hours after delivery, a marked increase of the umbilical cord stump was noticed, with a 4×3 cm² reddish, nontender swelling (figure 1). Physical examination was otherwise unremarkable. She was admitted to the neonatal unit for observation and a normal haemostasis study and negative septic scan. No major morphological placenta changes had been observed and no anatomopathologic study was done. Umbilical cord stump swelling evolved to mummification, without specific treatment. The newborn was discharged on the fourth day, and was observed after 1 and 2 weeks. The umbilical cord



Figure 1 Increase of the umbilical cord with a reddish, nontender swelling suggesting an umbilical cord haematoma.

Learning points

- ▶ Umbilical cord haematoma is a rare condition.
- ▶ Most common causes include umbilical cord trauma, coagulation disorders and infection, but it can also occur spontaneously.
- ▶ In spite of being potentially fatal, if detected in an asymptomatic newborn it is associated with a good prognosis.

stump had not fallen, leading to a small procedure to remove it, uneventfully.

Despite the risk factors described, SUCH can occur secondary to in utero instrumentations such as amniocentesis or fetal diagnostic procedures, after abdominal trauma in pregnancy, due to coagulation disorders or infectious conditions, but it can also occur spontaneously.³ When detected in utero, it implies greater vigilance, as fetal hypoxia and anaemia may occur, leading to perinatal asphyxia and stillbirth. In those cases, fetal heart monitor tracing is advised as abnormal changes may occur.^{4,5} However, as we saw in our case, when incidentally detected in the newborn, it usually has a benign course.

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