Secretion from umbilicus

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DESCRIPTION

A 24-year-old woman without significant medical history presented with a 5-day history of lower abdominal discomfort and purulent secretion from her umbilicus. She was well until 5 days prior when she noticed periumbilical abdominal pain. She denied fever, nausea, diarrhoea and melaena.

Abdominal examination showed mild distension below her periumbilical area and purulent discharge from her umbilicus (figure 1A). There was a pus-filled pocket of 4 cm depth with an opening at the umbilicus (figure 1B). Gram staining of the pus showed polymicrobial organisms. Abdominal CT scan with contrast revealed periumbilical abscess, which was consistent with the complication of the urachal remnant (figure 2).

The abscess was successfully treated with 10-days oral amoxicillin–clavulanate. *Corynebacterium* spp was isolated from the culture. Three months later, laparoscopic radical excision of the urachal remnant was performed without postoperative complications.

The incidence of urachal anomalies is reported to be approximately 1 in 5000 population in adults.¹

Most common complications of the urachal remnant are an infection and malignant degeneration. The incidence of infection is unclear. Malignant degeneration is <1% of all bladder cancer.¹ The typical presentations of infection are abdominal pain, dysuria, and umbilical drainage.^{1–3} The usually isolated organisms are *Staphylococcus* spp, *Enterococcus faecalis*, *Escherichia coli* and *Proteus mirabilis*.^{1–3} Because of the variety of causative organisms, broad-spectrum antibiotics should be used, as in this case. Ultrasonography is useful as the initial test, followed by CT.^{1–3} Recommendations suggest all urachal remnants should be excised to avoid complications after the resolution of current inflammation.^{1–3}

Figure 1 Secretion from umbilical pocket (A), which was about 4 cm in depth (B).

Figure 2 Sagittal abdominal CT scan with contrast revealing urachal remnant (arrow).

Patient's perspective

I am glad to be diagnosed and get treatment.

Learning points

- Think complication of the urachal remnant when you see purulent secretion from the umbilicus.
- All urachal remnants should be excised to avoid infection and malignant degeneration.

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