

# An Unusual Umbilical Granuloma the Umbilical Artery Pseudoaneurysm

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## Abstract

Umbilical artery pseudoaneurysm certainly concerns a very limited number of umbilical granulomas. These conditions arise from a breach in the arterial wall, leading to hematoma formation outside the vessel. we report a case of A 8-week-old male infant was referred for ultrasonography due to a discharging umbilical granuloma . Doppler color imaging indicated turbulent, high-velocity flow within the anechoic area.

Surgical intervention confirmed the diagnosis of an Umbilical Artery Pseudoaneurysm .

## INTRODUCTION

Umbilical artery pseudoaneurysm certainly concerns a very limited number of umbilical granulomas. These conditions arise from a breach in the arterial wall, leading to hematoma formation outside the vessel.

## Case report:

A 8-week-old male infant was referred for ultrasonography due to a discharging umbilical granuloma ( Fig A) .

The baby had no significant medical history, and the birth was uncomplicated.

Ultrasonography revealed a 8 mm anechoic mass at the umbilical site (Fig. A). Doppler color imaging (Fig.B) indicated turbulent, high-velocity flow within the anechoic area.

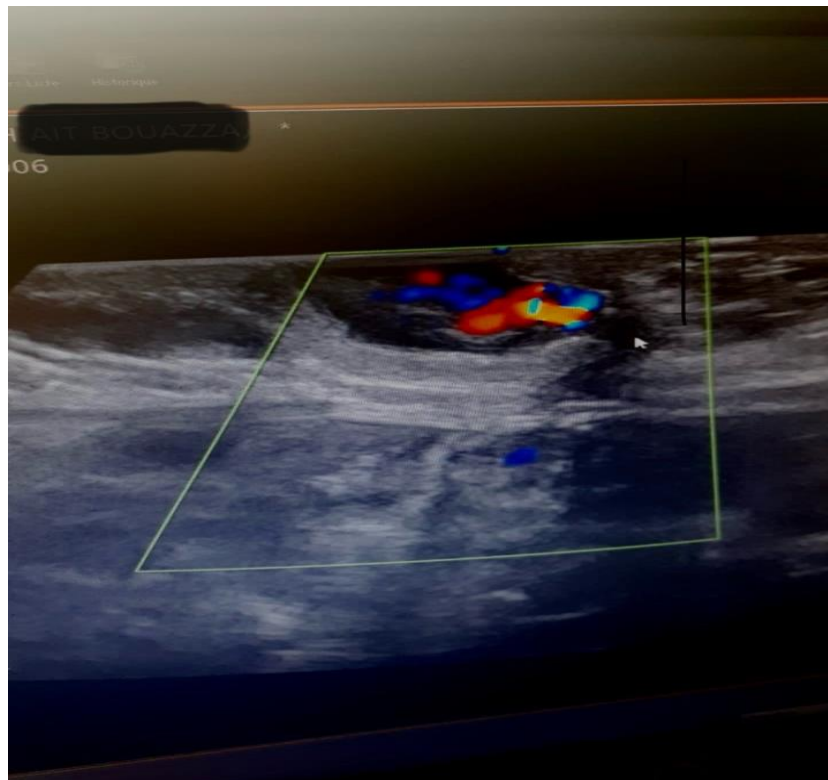
Surgical intervention confirmed the diagnosis of an Umbilical Artery Pseudoaneurysm . The infant underwent ligation and resection of the lesion.

Histopathological examination of the resected tissue showed fibrous tissue containing an arterial vascular structure with a thickened and calcified media.

## Comment:

A pseudoaneurysm is characterized as an extravascular hematoma resulting from a traumatic injury to the vascular wall, with blood accumulating in the surrounding tissues. The weakened arterial wall poses a risk of rupture and significant bleeding. Umbilical Artery Pseudoaneurysm (UPA) is a rare condition in infants, with only one case documented in the literature, associated with umbilical artery catheterization (1).

Clinically, UPA can be mistaken for an umbilical granuloma (UG). UG presents as a pink, discharging mass, often originating from residual umbilical cord tissue, and sometimes containing remnants of the urachus or intestines. Typically, UG is treated with silver nitrate application. However, in some cases, the discharge persists. When this occurs, the patient should be referred for ultrasonography and color-Doppler evaluation. If any abnormalities are found involving the urachus, omphalomesenteric duct, or vascular components, surgical exploration is necessary for resection and histopathological examination.



### Reference

1. Katz M., Perlman J., et al.: Neonatal Umbilical Artery Pseudoaneurysm: sonographic Evaluation – Case Report. AJR, 1986, 147: 322-324.