Umbilical Pilonidal Sinus

Sir,

A 33-year male patient presented with a three-month history of continuous foul-smelling umbilical discharge, occasionally associated with fresh blood spots. He did not report any pain, fever, or other symptoms, and had no previous history of similar complaints, trauma, or surgical interventions. On physical examination, a 2×2 cm erythematous swelling with purulent discharge was noted at the umbilical region. Further investigations including complete blood count (CBC), ultrasound, and sinogram revealed an infective collection at the umbilical region, leading to a suspected diagnosis of the umbilical sinus.

The patient was admitted to our surgical ward and consent was taken for excision of sinus ± omphalectomy. During the procedure, a granuloma with ample hair underneath and a 2 cm sinus tract were excised while partially preserving the umbilicus (Figure 1). The final diagnosis was confirmed as umbilical pilonidal sinus. The patient was advised of daily dressings (Figure 2), and complete resolution of symptoms was achieved four months post-operatively.

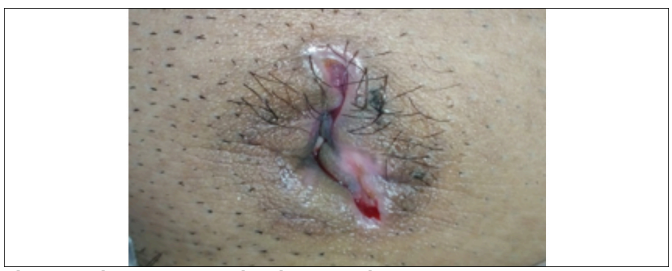

Figure 1: First postoperative day wound.

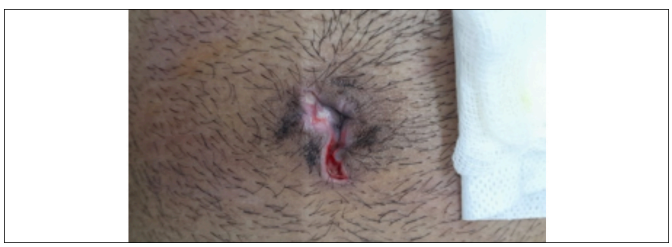

Figure 2: Ninth postoperative day wound.

Umbilical pilonidal sinus (UPS) is a rare clinical entity, accounting for approximately 0.6% of all cases of pilonidal disease. It is believed to be related to a combination of genetic predisposition, local trauma or infection, and other underlying factors.[1] The diagnosis of UPS may not be immediately obvious, as it can present with atypical symptoms such as umbilical discharge, and may require careful evaluation of the patient's history, physical examination findings, and appropriate diagnostic tests for accurate diagnosis.[2]

This case highlights the importance of maintaining a high level of clinical suspicion for uncommon conditions like UPS and considering it as a potential differential diagnosis in patients presenting with umbilical discharge.[3] Timely and accurate diagnosis is crucial for the appropriate management and treatment of patients, and documentation of such cases through case reports can contribute to the understanding and recognition of rare conditions like UPS in the medical community.[4]

In conclusion, this rare case of UPS is presented to raise awareness among healthcare professionals about its existence and unique clinical features. This will contribute to the existing knowledge of this rare condition and aid in its accurate diagnosis and management in the future cases.

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