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Bleeding umbilical nodule

Carmen Sfrangeu[1], Corina Bocsa[2]

[1] Department of Nuclear Medicine, "Iuliu Haţieganu" University of Medicine and Pharmacy, Cluj Napoca, România
[2] University Medical and Surgical Center Interservisan, Cluj Napoca, România

A 34 year old female patient was guided into the ultrasound office showing intermittent pain in the umbilical area and a small amount of bleeding from the umbilical scar, coinciding with the period of menstruation, symptoms that occured 3 months ago.

From her personal physiologic history we retained the fact that 3 years ago she gave birth to a child, in a natural way. Personal pathological history reveal: obesity stage II, arterial hypertension stage I and conization for cervical dysplasia one year before.

Clinical examination reveals a normal aspect of the umbilical scar, without evidence of protrusion during Valsalva maneouvre and discrete sensibility at paplation.

Laboratory examinations were in normal range. No abnormality were found at abdominal ultrasound examination.

Ultrasound examination of the abdominal wall showed on the right sidewall of the umbilical scar a nodular image, hypoechogenic, non-homogenic, well defined, sized 11/10mm, with discrete vascular signal evidenced by the power Doppler.

Questions:

1. What is the most likely diagnosis?
2. What is the therapeutic attitude?
3. What are the specifics of the case?

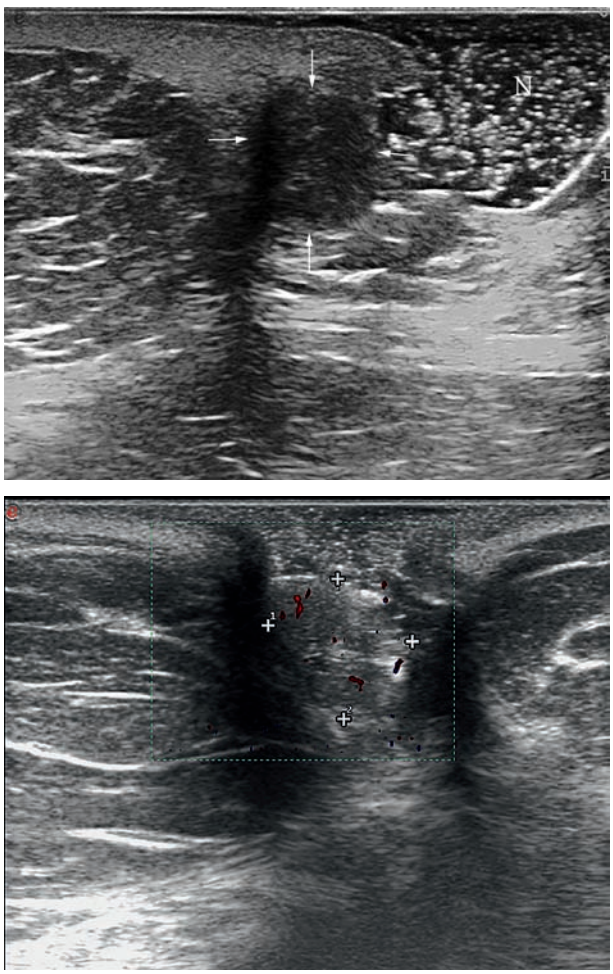

Fig 1. Transverse scan view of the umbilical scar
a) gray scale ultrasound examination – nodular hypoechoic image, non-homogenic, well defined, sized 11/10 mm, with acoustic enhancement
b) power Doppler ultrasound- discrete vascularization of the nodule

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Corresponding author: Corina Bocsa
University Medical and Surgical Center Interservisan
Cluj Napoca, România
Email: ibocsa@yahoo.com

Answer QUIZ vol 13 no. 3

Rare disease detected by head ultrasound in an infant hospitalized for vomiting and irritability

Otilia Fufezan[1], Simona Tatar[1], Raus Iulian[2], Daniela Iacob[1]

[1] 3rd Pediatric Clinic, Cluj-Napoca
[2] Military Hospital, Cluj-Napoca, Scandia Imagistica Cluj-Napoca

Answers

1. What is your diagnosis?

The diagnosis in this case is tuberous sclerosis. Tuberous sclerosis (TS) is a rare autosomal-dominant disease characterized by the formation of hamartomatous lesions in multiple organs, especially brain, kidneys, lungs and skin. It is not usually diagnosed at this age, the symptoms becoming evident only in late childhood. Seizures are the most common sign of presentation in infants. The initial clinical signs (vomiting and irritability) in this case were not specific, the infant being initially suspected of hypertrophic pyloric stenosis. Most frequent cerebral lesions are cortical tubers, white matter lesions (radial migration lines) and subependimal nodules as in our patient, lesions dedected by head ultrasound confirmed by MRI. The typical hypopigmentated skin maculae were not very specific in this case- 2 very small and pale lenticular maculas were found on the patient skin after carefull examination. Sometimes a Wood's lamp examination of the skin is needed to see these specific lesions.

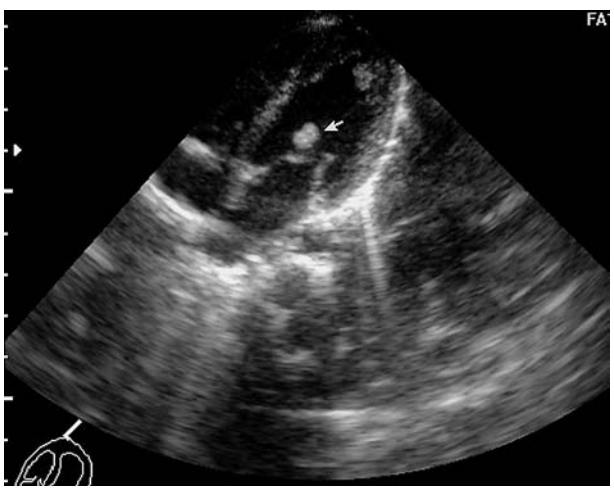

Fig 1. Echocardiography – apical 4 chamber view: well limited solid hyperechoic mass in the left ventricle without acoustic shadow suggestive in the tuberous sclerosis context for rhabdomyoma.

2. Which clinical sign in this case is specific for the patient's disease?

West syndrome (infantile spasms) – intermittent spasms of the body, with sudden jerk, followed by stiffening, with duration for few seconds.

3. What do you expect to find at the echocardiography?

The echocardiography – apical 4 chamber view (fig 1) shows a solid hyperechoic mass in the left ventricle, suggestive in the tuberous sclerosis context for rhabdomyoma. Cardiac involvement is maximal in prenatal life or infancy. The cardiac rhabdomyomas are most often a benign condition in which spontaneous regression is the rule and surgery is only recommended for patients with life threatening obstruction or refractory when the tumor size is maximum. In our case the tumour was not obstructive and no cardiac dysryhtmias were noted.

Selected bibliography

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