Primary Villar's Nodule Mimicking an Umbilical Cystic Lesion: An Unusual Presentation

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Background

Villar's nodule is a rare manifestation of primary umbilical endometriosis that may present as a painful umbilical lesion with cyclical symptoms. It is extremely rare, with an estimated incidence of 0.5%-1% of all extrapelvic endometriosis cases.

There are two types of umbilical endometriosis nodules. Primary nodules, also known as Villar's nodules, arise spontaneously without a history of abdominal or pelvic surgery. Secondary nodules are a consequence of the mechanical transfer of endometrial cells following abdominal or pelvic surgery, commonly found at C-section scars or trocar sites.

This case report will describe the clinical presentation, diagnostic workup, and management of Villar's nodule in a 25-year-old female patient.

Differential Diagnoses



Sister-Mary-Joseph nodule



Umbilical Hernia



Abscess

Case Presentation

Week 1 — URGENT CARE
- PE: right-sided erythema and edema at the 9 o'clock position of the umbilicus associated with tenderness to palpation
- Ddx: cutaneous umbilical abscess, umbilical hernia
- Tx: cephalexin (Keflex)

Week 3 — EMERGENCY DEPARTMENT
- PE: firm erythematous nodule at the 9 o'clock position of the umbilicus
- Ddx: cutaneous umbilical abscess, oomphalitis
- Tx: clindamycin

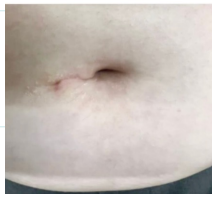
Week 6 — GENERAL SURGERY CLINIC
- PE: tender, cystic-appearing lesion on the inner aspect of the umbilicus at the 10 o'clock position, with no evidence of an underlying hernia
- Ddx: resolving abscess, sebaceous cyst
- Tx: aspiration

Week 16 — GENERAL SURGERY CLINIC
- PE: 5x10mm cystic mass located between the 9 and 12 o'clock positions of the umbilical skin
- Ddx: cutaneous umbilical abscess, oomphalitis
- Tx: complete surgical excision

Week 20 — OPERATION
- Complete surgical excision of lesion



Week 22 — POST-OP VISIT
- Patient was progressing well with resolution symptoms



Discussion

Histopathologic analysis of the mass revealed several foci of endometrial glands and surrounding endometrial stroma.

Extrapelvic endometriosis is an uncommon condition that can present as a mass in an atypical location. Diagnosis can be challenging due to its rarity and nonspecific presentation. Pain or swelling associated with menstrual cycles may provide an important diagnostic clue, however, patients may fail to link symptoms to their menstrual cycle.

Conclusion

Given its rarity and nonspecific presentation, Villar's nodule remains an underrecognized cause of umbilical lesions in women of reproductive age. This case highlights the importance of maintaining a high index of suspicion even in the absence of prior abdominal surgery. Early diagnosis and surgical excision are essential for definitive management and symptom resolution. Increased awareness of Villar's nodule may reduce misdiagnosis and improve patient outcomes.

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