

PEDIATRIC ONPHALOLITH

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Case report. An 18-year-old female presented to our dermatology clinic at Farwaniya Hospital in Kuwait City with a persistent, painless, hyperpigmented umbilical nodule, which had been present since the age of 4 (Fig. 1). The patient reported no prior history of umbilical trauma, surgery, or abdominal symptoms, emphasizing that the lesion had remained stationary for most of her life, with no associated pruritus or discharge. The main reason for seeking medical evaluation was the recent onset of a foul odor emanating from the lesion and intermittent staining of her undergarments with dark, waxy debris. Upon initial evaluation, a brownish nodule was firmly embedded within the umbilicus, fixed to deep tissue layers, featuring a smooth surface and a hard consistency.

Dermoscopic evaluation of the umbilical concretion revealed a central, dense, amorphous, brown-black mass with peripheral fissuring, devoid of vascular structures or melanocytic patterns, and consistent with a benign keratotic concretion (Fig. 2). Histopathology demonstrated amorphous lamellar keratin (Fig. 4), compatible with an omphalolith. Subsequently, the keratotic concretion was surgically removed (Fig. 3).



Fig. 1



Fig. 2

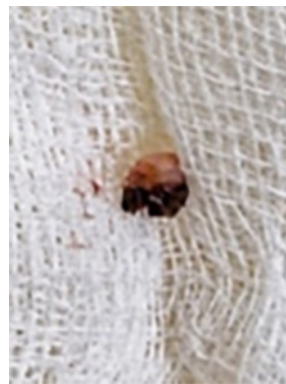


Fig. 3

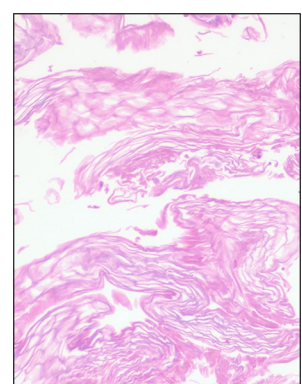


Fig. 4

Figs. 1, 2, 3, 4: Omphalolith in an 18-year-old girl (Fig. 1). Dermoscopy image of the nodule is shown in Fig. 2, and post-removal image in Fig. 3. Histological examination (Fig. 4) shows an amorphous keratin mass.

Discussion. An omphalolith consists of an accumulation of desquamated keratin and sebaceous material. It remains asymptomatic for years but can occasionally be complicated by secondary inflammatory reactions or persistent malodor when debris accumulation exceeds natural clearance capacity (1). Omphaloliths are infrequent in the pediatric population (2). In pediatric patients, omphaloliths must be differentiated from urachal and omphalomesenteric duct remnants (1), whereas in adults, malignant nodules – such as the well-known Sister Mary Joseph metastatic nodule – must be ruled out (3).

Conclusion. The present case of omphalolith was reported due to its rarity in the pediatric age and to remind clinicians of the benign nature of this condition.

Conflicts of interest

The authors declare that they have no conflicts of interest.

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