To the Editor:

We have read with interest the article by Dr Sánchez-Castellanos, Dr Sandoval-Tress, and Dr Henández-Torres entitled, “Persistence of the Omphalomesenteric Duct. Childhood Differential Diagnosis of Umbilical Granuloma” and would like to make a few comments. Although there have been reports of clinical differences between the various neonatal umbilical nodules (umbilical granuloma, persistence of omphalomesenteric duct, urachus remnants, etc) in the past, these were not based on confirmed diagnoses, but rather on the response or lack thereof to a destructive treatment. Making a diagnosis on whether or not the lesion is destroyed by chemical cauterization with silver nitrate is not a very scientific approach.

We agree with the authors’ conclusion that any newborn with an umbilical neoplasm should undergo a study of the lesion to confirm the diagnosis, thus making appropriate treatment possible to avoid potential complications. A greater understanding of umbilical nodules in childhood and their complications would require clinical and epidemiological studies based on histopathological diagnoses. In 2005 we described a simple method for diagnosis by anatomical pathology from biopsies taken by presutured purse-string suture of neonatal umbilical nodules. The painless application of a purse-string suture at the base of the umbilical nodule, a knot to ensure that the lesion was exsanguinated, and immediate removal by cutting with scissors above the suture line allowed histological study of 75% to 90% of the lesion. The presuturing technique with immediate excision for biopsy is minimally traumatic and takes less than a minute. The cosmetic outcome is excellent and we believe the technique is of interest in dermatological surgery.

References