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Umbilical cord hematoma

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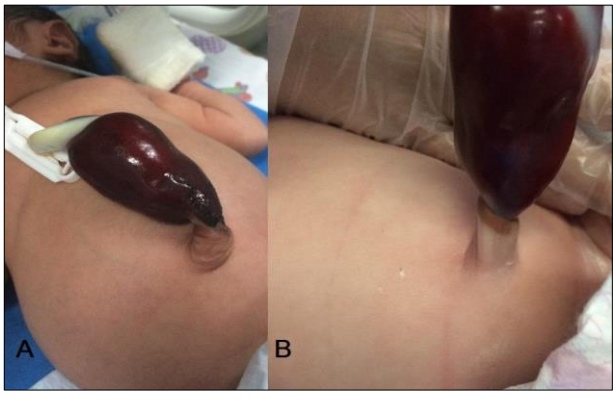

Figure 1: (A, B) Showing umbilical cord hematoma.

A male baby (weight 2.9kg) born by vaginal delivery at 37-week gestation was transferred to our neonatal unit for umbilical cord swelling. Antenatal history and scans were uneventful. A 5cm long and 2cm wide reddish-purple swelling was noted in the umbilical cord (Fig.1A, 1B). Ultrasound of the swelling documented the swelling as hematoma; abdominal scan was unremarkable. CBC, PT/APTT, and factors VII and IX were normal. Umbilical cord hematoma was covered by sterile gauze and antibiotics were started. The umbilical cord hematoma spontaneously fell off along-with the umbilical cord on the 5th day. The baby was discharged in good condition.

Umbilical cord hematoma is a rare entity with an incidence of 1:5500-11000 births.[1,2] It is a reddish-purple swelling of variable size, sometimes confused with omphalocele. The etiology of spontaneous umbilical cord hematoma is uncertain.[3] The rupture of umbilical veins is probably the cause of spontaneous bleeding in the umbilical cord which may lead to extravasation of blood into the Wharton's jelly.[4] The short umbilical cord, cord traction, post-maturity or infection, in-utero instrumentation, etc., are other predisposing factors.[5,6] Hemodynamic consequences of umbilical cord hematoma on the newborn can be disastrous. Fetal hypoxia and anemia may occur due to the compression of the umbilical vessels leading to perinatal asphyxia and stillbirth.[2] Umbilical cord hematoma can result in fetal demise in almost one-half of the cases, reinforcing the importance of placental and cord examinations in cases of unexplained fetal hypoxia and stillbirth.[7] Doppler ultrasound scan can help in antenatal diagnosis and assessing the cord and the blood flow in the umbilical vessels. Umbilical cord hematoma usually does not need any drainage and can be left to fall off with the umbilical cord within a few days of birth.[8]

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