

## A CASE OF UMBILICAL CORD TUMOUR

by

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### Introduction

Neoplastic tumours of the umbilical cord may take the form of myxomas, myxosarcomas, dermoids and teratomas, although they are of extremely rare occurrence. Only 8 cases have been recorded in the literature and in only 6 of them was the structure investigated. In 3 cases it was a telangiectatic myxosarcoma, in 2 a teratoma, and in 1 a myxangioma. The most common tumour, however, is the angiomyxoma. Cysts may also form in the umbilical cord from (a) the allantois, (b) the vitelline duct, and (c) inclusions of amniotic epithelium.

Earlier, I reported a case of absolute short cord measuring 30 centimetres (12 inches) with hydrocephalus of mild type and detachment of the placenta in a living baby (1958), and 2 cases of true knots in the umbilical cord in living babies (1960), and a case of binovular twins with absolute and relative short cords (1961); and so far I have come across a maximum of 85 centimetres (34

inches) of cord length in my practice. With this, an extremely rare case of umbilical cord tumour is being presented, adding one more in my reported series of abnormalities of the umbilical cord.

### Case Report

Mrs. A. M., aged 21, married for one year, well nourished, fairly developed, primigravida at term was admitted with labour pains on 16-9-1961 at 6-30 a.m., and was confined normally after 4 hours of admission. Baby living, mature, no other abnormality, weighing 7 lbs. 8 oz., male. But there was a tumour in the cord close to the umbilicus (Fig. 1). The tumour was



Fig. 1.

inspected against light and palpated to exclude any coils of intestine, and then the cord was cut and ligated in the usual way leaving a short umbilical stump of 1.87 centimetres ( $\frac{3}{4}$  inches) only. There was no abnormality in the placenta, the cord length was 45 centimetres (18 inches). Baby behaved normally in the post-natal period.

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\* Specimen—(Fig. 2).

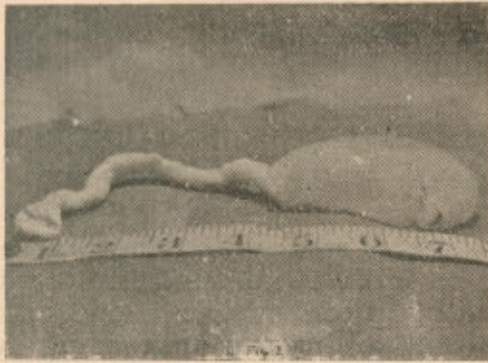


Fig. 2.

The length of the tumour was 8.75 centimetres (3½ inches), maximum circumference 15 centimetres (6 inches), weight 220 grams (8 ounces), smooth glistening surface, containing a thick jelly like substance. Biochemistry of the fluid showed protein 20 mg./100 ml., sugar absent, chloride 680 mg./100 ml., N.P.N. 20 mg./100 ml. Histology of the tissue showed myxoma. On dissection of the tumour two arteries and a vein were clearly demonstrated, and there were no abnormalities.

#### Discussion

The thickness of the umbilical cord varies greatly, the diameter of which normally averages 1-2 cm. at term, and it is largely dependent on the amount of Wharton's jelly. An immense increase of Wharton's jelly may change the cord to a heavy, thick, glassy rope. Very thick oedematous cords are often encountered in general oedema, syphilis and other diseases of foetus. Cysts of the umbilical cord usually are not larger than a hen's egg and may cause foetal death by compression of the umbilical vein. Tumours of the umbilical cord are almost entirely limited to

the angiomyxomas. Angiomas, like chorio-angiomas, are composed of numerous capillary-like blood vessels similar to those in normal villi. These tumours often extend from the placenta into the umbilical cord and contain varying amounts of myxomatous tissue resembling that in the normal cord. There is no sharp demarcation between chorio-angiomas and angiomyxomas and many intermediate forms may be observed.

#### Summary

1. A case of umbilical cord tumour is being presented because of its extreme rarity and from academic stand-point of view.

2. The tumour revealed to be myxomatous.

#### Acknowledgement

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\* Specimen presented at the Scientific Exhibition, Second Asiatic Congress of Obstetrics and Gynaecology, Calcutta, 1962.