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Biopsy by Presutured Purse-String Suture in the Diagnosis and Treatment of Umbilical Polyps

JL Artola Igarza, P Manrique Martínez, V Morillo Montañés, and S Vildosola Esturo

Sección de Dermatología, Hospital de Galdakao, Osakidetza-Servicio Vasco de Salud, Galdakao, Bilbao-Vizcaya, Spain

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"1 and would like to make a few comments. Although there have been reports of clinical differences between the various neonatal umbilical (umbilical nodules granuloma, persistence of omphalomesenteric duct, urachus remnants, etc) in the past,1 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 pursestring suture of neonatal umbilical nodules.² 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.

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Reply

ME Sánchez-Castellanos, C Sandoval-Tress, and M Hernández-Torres

Dermatología Pediátrica, Instituto Dermatológico de Jalisco "Dr. José Barba," Jalisco, Mexico

To the Editor:

First of all, we would like to express our appreciation for the comment made by Dr Juan Luis Artola Igarza and coworkers regarding our article entitled, "Persistence of Omphalomesenteric Duct. Childhood Differential Diagnosis of Umbilical Granuloma."

Regarding the biopsy by presutured purse-string suture that the authors of this comment use for the diagnosis and treatment of umbilical polyps, we should mention that we were not aware of this technique and have not used it. However, after reading the article¹ we feel it is a good option for the diagnosis of umbilical polyps and we hope to be able to use it when our patients present with such a condition in the future.

Recommended Reading

Artola-Igarza JL, Manrique-Martínez P, Bilbao-Badiola I. Biopsia mediante cierre en bolsa de tabaco presuturada de lesiones umbilicales neonatales. Piel. 2005;20:425-7.