Umbilical cord hematoma: A rare complication of umbilical cord cyst
Erol O, Ozel KM, Kaplan T, Ozturk H, Karaca M
Antalya Training and Research Hospital, Antalya, Turkey

Objective
To report a case of an umbilical cord cyst detected by ultrasonographic examination in a second trimester structurally normal fetus, which was complicated by a cord hematoma. Umbilical cord cysts are usually classified as true cysts or pseudocysts. True cysts are derived from the embryological remnants of either the allantois or the omphalomesenteric duct. Pseudocysts are more common than true cysts and also tend to be located close to the fetal insertion of the cord; they have no epithelial lining and represent localized edema of Wharton’s jelly. If the umbilical cord cystic mass is an isolated finding, there is a general belief that the cyst does not pose a significant threat to fetal well-being and prognosis is usually good.

Methods
Case report.

Results
We present the case of a 32-year-old woman, gravida 2, para1, admitted to antenatal clinic at 26 weeks of gestation. Her medical history was unremarkable. Ultrasonographic examination revealed an anatomically normal single live fetus with biometry consistent with dates. There was an umbilical cord anechoic mass close to the fetal insertion measuring 50 x 45 mm. The umbilical cord had three vessels. Color Doppler sonography revealed no blood flow signals within the mass and normal velocity waveforms in the umbilical artery. Detailed anatomical sonogram showed no other abnormalities. Follow-up scans at 28, 32, and 36 weeks demonstrated adequate fetal growth, and sonographic feature remained unchanged. At 38 weeks, the woman presented with active labour. A 3300g male infant was delivered by emergency cesarean section due to nonreassuring fetal heart tracing. The infant was normal at birth with apgar scores of 7/9 at 1 and 5 min respectively. A cystic mass of the umbilical cord with a hematoma was seen near the fetal abdomen. Three vessels were identified within the cyst. Histology confirmed a umbilical cyst. Partial cord rupture was found in the fetal insertion of the umbilical cord. Karyotype analysis was normal.

Conclusion
An umbilical cord hematoma is a rare complication associated with umbilical cord cyst. Isolated umbilical cord cystic mass should lead to further detailed sonographic evaluation and close prenatal surveillance is recommended.