

Recurrent Omphalitis Secondary to a Hair-Containing Umbilical Foreign Body

Beatriz Aranegui, MD; Carlos Gonzalez-Herrada, MD, PhD

To the Editor:

We read with great interest the article, “Omphalith-Associated Relapsing Umbilical Cellulitis: Recurrent Omphalitis Secondary to a Hair-Containing Belly Button Bezoar” (*Cutis*. 2010;86:199-202), which introduced the terms *omphalotrich* and *tricomphalith* to describe the pilar composition of a hair-containing umbilical foreign body in an 18-year-old man. We report a similar case.

A 38-year-old man presented with a 10-year history of an unusual odor in the umbilical region with recurrent discharge. He diligently maintained proper hygiene of the umbilicus using cotton swabs and had received recurrent cycles of oral antibiotics prescribed by his general practitioner with temporary improvement of the odor and amount of discharge. Physical examination revealed a normal umbilicus with a deep and tight umbilical cleft that required the use of curved mosquito forceps for further examination (Figure 1). A bezoar comprised of a compact collection of terminal hair shafts was noted deep in the umbilicus (Figure 2). A considerable amount of terminal hairs also were noted on the skin of the abdominal area. Following removal of the bezoar, no umbilical fistula was observed, and the presence of embryologic abnormalities (eg, omphalomesenteric duct remnants) was ruled out on magnetic resonance imaging. A diagnosis of recurrent omphalitis secondary to a hair-containing bezoar was made. Following



Figure 1. Deep and narrow umbilical cleft with serous exudate in the umbilicus after removal of the foreign body.



Figure 2. A section of the umbilical foreign body composed of a collection of terminal hair shafts.

Dr. Aranegui is from the Department of Dermatology, Hospital Universitario Infanta Cristina, Madrid, Spain. Dr. Gonzalez-Herrada is from the Department of Dermatology, Hospital Universitario de Getafe, Madrid.

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Correspondence: Beatriz Aranegui, MD, Hospital Universitario Infanta Cristina, Avenida 9 de junio, 2, 28981 Parla, Madrid, Spain (baranegui@gmail.com).

extraction of the bezoar, the odor and discharge promptly resolved, thereby avoiding the need for oral antibiotics; however, a smaller bezoar comprised of a collection of terminal hair shafts was removed 4 months later.

An omphalith is an umbilical foreign body that results from the accumulation of keratinous and amorphous sebaceous material.² Several predisposing factors have been proposed for its pathogenesis, such as the anatomical disposition of the umbilicus and the patient's hygiene. We hypothesize that a deep umbilicus and a large amount of terminal hairs in the abdominal area were predisposing factors in our patient. Cohen et al¹ proposed the terms *omphalotrich* and *trichomphalith* to describe the pilar composition of a hair-containing umbilical foreign body that did not have the characteristic stonelike presentation of a traditional omphalith. The authors also referred to the umbilical foreign body in their

patient as a *trichobezoar*, a term used to describe exogenous foreign bodies composed of ingested hair in the gastrointestinal tract, given the embryologic origin of the umbilicus and epithelium of the gastrointestinal tract. We agree that the terms *omphalotrich* and *trichomphalith* appropriately describe the current presentation; we also propose the terms *omphalitrichia* or *thricomphalia* to describe the findings seen in our patient, which should always be ruled out in patients with recurrent omphalitis that is unresponsive to antibiotics.

REFERENCES

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