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MÉDICOS FORENSES

Spanish Journal of Legal Medicine

Revista Española de Medicina Legal

www.elsevier.es/mlegal



IMAGES IN LEGAL MEDICINE

Death due to umbilical discharge in an adult ☆

Muerte por sangrado umbilical en el adulto

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A 53-year-old male was found dead in his home with blood stains on both hands, in the abdominal and pelvic zones, and on the clothing in contact with the same. The dead man had a history of chronic alcoholic liver pathology with ascites, hepatic encephalopathy, schizoaffective disorders, and a borderline personality. Death was diagnosed by the medical emergency department, and its diagnostic indication was upper digestive tract haemorrhage, while the forensic doctor who attended the removal of the cadaver considered that it was secondary to hypovolemic shock, without specifying the cause of the same, as although there were

no signs of bleeding from the oral cavity, the possibility that the dead man had cleaned the blood from this area before death could not be ruled out.

The external examination performed during the autopsy found that as well as the blood stains described above, there was a midline laparotomy scar and an inguinal hernia. The first hypothesis we considered was that death was caused by an upper digestive tract haemorrhage (Fig. 1A).

In the internal examination, we found macro- and micronodular cirrhosis and signs of hypovolemic shock. The absence of blood in the oral cavity and oesophagus, where



Fig. 1 (A) Body with blood on the hands and the abdominal and pelvic zones, as well as on the clothing in contact with the same. (B) Ulcerated umbilical hernia with rupture of varices (*), midline laparotomy scar (").

☆ Please cite this article as: Subirana-Domènech M, Martínez-Alcázar H. Death due to umbilical discharge in an adult. *Revista Española de Medicina Legal*. 2023. <https://doi.org/10.1016/j.reml.2023.04.004>.

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there were distal varices without complications, led to a reassessment of the external examination. During this, we found that the origin of the bleeding was in the ulceration of an umbilical hernia with rupture of umbilical varices (Fig. 1B).

Although this case is very rare, we should take into account the possibility of bleeding from an umbilical hernia. This bleeding occurs due to portal hypertension with the rupture of umbilical varices originating in the re-routed umbilical and periumbilical veins or in the communication between the underlying omental varices and scars in the abdominal wall, as was the case in this study.

There is very little literature on similar cases to this one.^{1,2} The authors consider this case to be relevant, as it emphasises the extraordinary importance of a meticulous external examination, as well as the reconsideration of initial diagnostic hypotheses when external and internal findings do not agree.

Financing

This work received no financing.

Declaration of competing interest

The authors have no conflict of interests to declare.

Acknowledgements

The authors would like to thank the Library staff and specialist forensic pathology technicians for their enthusiasm and constant dedication.

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