

Umbilical Granuloma

The umbilical cord usually dries within 1-2 weeks of birth and separates spontaneously¹. It is at this point that a granuloma may become apparent.

The exact aetiology is unknown, however, it is thought that the granuloma develops in response to subclinical infection or inadequate epithelialization of the umbilical cord stump. This condition can cause parental anxiety and, if left untreated, the granuloma can take months to resolve. The main clinical symptoms are umbilical discharge and swelling with a small, moist, fragile and pinkish/red lesion at the umbilicus evident when the area is examined².

Treatment of Umbilical Granuloma

- Treatment methods for umbilical granuloma include topical application of silver nitrate, topical steroids, ethanol wipes, electrocautery, cryocautery, copper sulphate and common salt.
- Treatment with silver nitrate was common practice worldwide and, although effective in treating granuloma, there is a risk of burns to healthy skin³.
- Several randomised control trials have evaluated the use of salt and have found it to be an effective treatment for umbilical granuloma with no side effects⁴. This involves the use of common table salt twice daily as a topical application to all newly-diagnosed granulomas which is washed off after 30 minutes. This method of treatment is associated with lower costs and complication rates³.
- The use of salt is now recommended across many sites in the UK as the first line of treatment for infants with umbilical granuloma. Salt treatment is a painless and non-invasive procedure, and the simplicity of treatment means it can be safely administered by parents or carers at home following assessment and direction from a health professional⁵.

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The information in this resource was updated on 28/03/2023

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Good practice points for health visitors

- The umbilical granuloma should be assessed by the health visitor. This is to confirm the diagnosis and exclude any obvious infection which may require further treatment. Health visitors should also be aware of the differential diagnosis of rare conditions including umbilical polyp, due to a urachal anomaly (bladder communication), or omphalomesenteric (also called vitello intestinal) duct anomaly (bowel communication)^{6,7}. Both conditions are associated with excessive leakage and require further medical assessment and treatment.
- Health visitors should advise parents/carers that the granuloma can be effectively treated using a twice daily application of a pinch of table salt directly onto the granuloma. The area should then be covered with a clean piece of gauze and left for up to 30 minutes. Following this, the salt should be rinsed off with a clean gauze dressing soaked in cooled boiled water. Parents should be advised that this should be continued for at least two days by which time the granuloma should begin to reduce in size, may change colour and dry out with gradual healing continuing over the next few days⁸.
- If there is no resolution within a week, then the health visitor should reassess and consider referral for further treatment⁹. It is recommended that written information should be given reminding parents/carers of the treatment plan.
- Health visitors should remind parents/carers that if there are signs of infection, where the surrounding tissue becomes red and inflamed or there is an offensive discharge, then a review with the GP should be arranged.

References

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