

Clinical-Medical Image

Sister Mary Joseph Nodule Case Study

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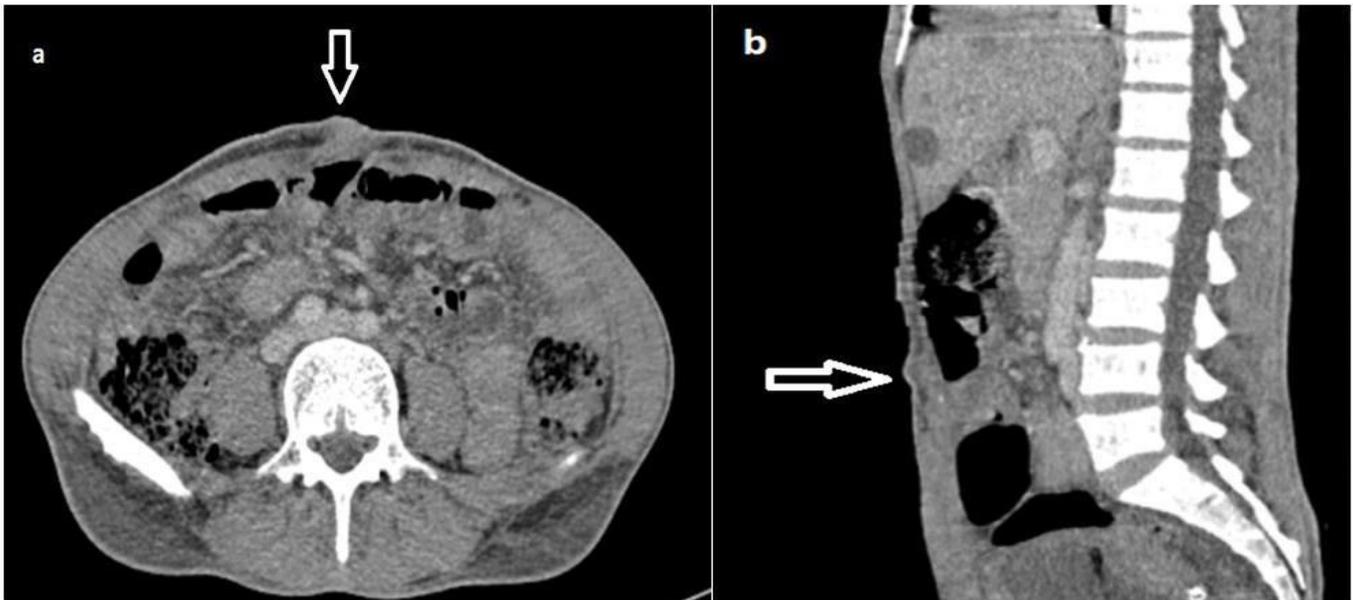


Figure 1: Axial (a) and sagittal (b) abdominal CT scan on portal venous phase in a 43 year-old woman followed for gastric GIST, showing the Sister Mary Joseph nodule (arrow), presenting as a nodular hypodense enhanced lesion with irregular contours. There was no associated inflammatory sign.

Clinical Image

The Sister Mary Joseph nodule is an umbilical nodule metastasing from a malignant tumor. It was first described in 1949 by Sir Hamilton Bailey in honor of Sister Mary Joseph who noted the presence of an umbilical nodule in advanced malignant tumors. It is often associated with gastrointestinal malignant tumors, generally adenocarcinoma. The clinical aspect is not specific; it may presents as a simple umbilical mass or an erythematous or even ulcerated lesion. Imaging can suspect the diagnosis when there is a hypoechoic mass on ultrasound or hypodense on CT (Figure 1) with irregular contours without inflammatory signs of adjacent structures. The differential diagnosis includes the primary carcinoma of the umbilicus, the umbilical hernia, the endometriotic nodule (cyclic pain), the uraque cyst (umbilical cystic lesion connected to the bladder dome by an embryonic vestige), granuloma and abscess (associated inflammatory signs).

Keywords: Sister Mary Joseph; Metastasis; CT

Declaration of Interests

The authors declare that they have no competing interests.

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