

Sister Mary Joseph's nodule showing adenocarcinoma of pancreas

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Nodule Soeur Mary Joseph révélant un adénocarcinome du pancréas

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Mots-clés

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Key- words

Pancreas, cancer, metastasis, abdominal wall, medical history

The sister Mary Joseph's nodule refers to a skin umbilical metastasis of a cancer in the abdomen [1–3]. It accounts for 30% of umbilical tumours [1, 4]. In 90% of cases, it is an adenocarcinoma [1, 4]. Average survival when the diagnosis is made is estimated at 11 months [5, 6]. Herein, we report a new case which allowed us to focus on the historical view.

CASE REPORT

An 83 years old woman, without past medical history, has been admitted for an umbilical nodule that appeared three months before. She suffered from intense concomitant epigastric pain with poor general condition, asthenia and anorexia.

Physical examination revealed a 3 cm- hard, fixed and painful umbilical swelling that was not consequent to coughing. Abdominal CT scan showed umbilical tissue of 3 cm independent of the opposite anatomical structures that is enhancing after contrast injection (figure 1). There also was a heterogenous tissue of 5 cm of the pancreatic tail involving the left adrenal (figure 2). Biopsy of the umbilical node concluded that it was a cutaneous metastasis of a well differentiated adenocarcinoma of the pancreas. Therapeutic abstention was decided. The patient died one month and a half after biopsy.

DISCUSSION

Forteen cases of Sister Mary Joseph's nodule have been published in the medical literature between 1978 and 2011 when we consulted Medline database. Sister Mary Joseph's

nodule is an umbilical cutaneous metastasis of several abdominal cancers.

Sister Mary Joseph (1856-1939) was the surgical assistant of doctor William Mayo at Rochester hospital (Minnesota). She had noticed that patients suffering from abdominal cancer had sometimes an umbilical swelling. She told Dr Mayo about that and he spoke of the possible existence of this nodule in 1928 under the expression « pants button umbilicus». It was Sir Hamilton Bailey who paid tribute to sister Marie Joseph in 1949 when he spoke of « Sister Mary Joseph's nodule » [7, 8].

Sister Marie-Joseph nodule is usually described as hard, irregular and ulcerated and might in some cases develop a secondary infection. It is most often a cutaneous metastasis of gastric or gynecological cancers. The umbilical location is the result of spread through blood vessels, via the lymphatics or the round ligament [3, 4]. The differential diagnosis includes umbilical hernia, endometriosis, sarcoma, epidermoid carcinoma, lymphangioma, sebaceous cyst, granuloma or lipoma. The diagnosis is made after a fine needle aspiration or a biopsy like in our patient. To assess the extension, a chest-abdomen and pelvis CT scan is performed [6, 9].

The adenocarcinoma is the histological type most frequently found in primary tumours such as in our patient. The presence of the Sister Mary Joseph's nodule is in most cases associated with a poor prognosis: mean survival at the time of the diagnosis is estimated at 11 months [5,6]. These rare but characteristic metastases should be known to doctors: they are easily accessible at physical examination and knowing that they are lesions secondary to solid tumours might avoid a delay in taking care of the subjacent neoplasia.

Figure 1 : Abdominal CT scan showing 3 cm umbilical tissue lesion independent of opposite anatomical structures (arrow) that gets enhanced after contrast injection

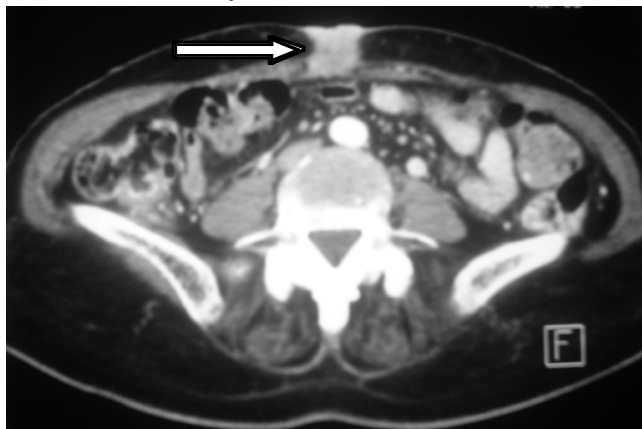
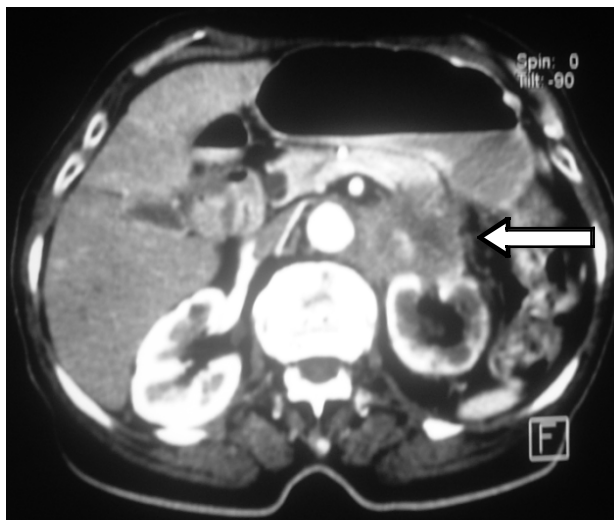


Figure 2 : Abdominal CT scan showing tumour of tail of pancreas invading left adrenal gland (arrow)



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