

## Clinical Image

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# Sister Marie-Joseph's nodule reveals gynaecological cancer

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### Abstract

The Sister Mary Joseph nodule is a rare umbilical metastasis of abdominopelvic cancer, easily accessible on clinical examination, and often correlated with a poor prognosis. Its recognition as a secondary lesion allows early diagnosis and treatment.

We report here a case of squamous cell carcinoma of the uterine cervix revealed by Sister Marie Joseph's nodule.

**Keywords:** Nodule; Umbilicus; Cervical carcinoma.

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### Description

We report a case of a 65-year-old female with no previous history who presented to emergency with diffuse abdominal pain, evolving for 3 months in a deteriorated general condition.

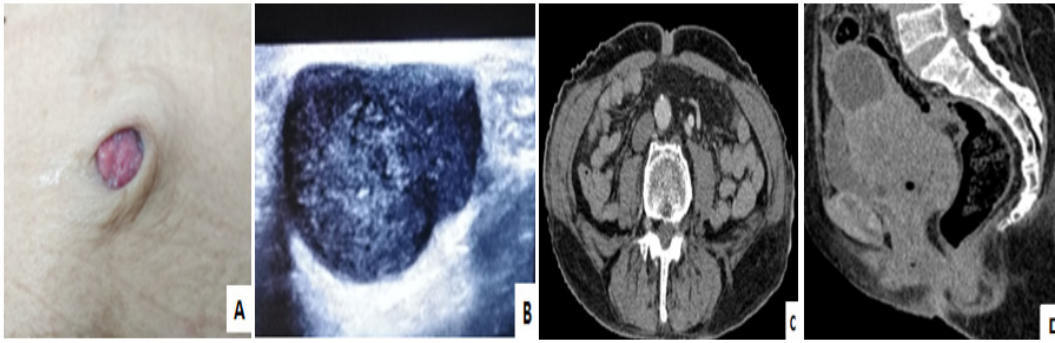
Clinical examination revealed distended abdomen with a reddish, oozing umbilical nodule (A), abdominal ultrasound showed a hypoechoic subcutaneous umbilical nodule (B), and abdominopelvic CT showed a subcutaneous umbilical nodule (C) associated with a uterine cervical process (D). Biopsy of the umbilical nodule and cervical mass confirmed the diagnosis of squamous cell carcinoma of the uterine cervix revealed by Sister Marie Joseph's nodule. The patient received chemotherapy with clinical improvement.

The Sister Mary Joseph nodule is a rare umbilical metastasis, occurring in 1-3% of abdominopelvic cancers [1], often gastrointestinal or gynaecological, particularly stomach, ovary, colon, pancreas and more rarely endometrium, cervix, bile ducts and small bowel [2]. As a discrete clinical sign, SMJ is suggestive of cancer in 30%, of recurrence or progressive malignancy [3]. 75% of primary tumours are adenocarcinoma, more rarely squamous cell carcinoma, melanoma or sarcoma. It is a firm reddish nodule, appearing vascular, generally painful and oozing, varying in size from under 2 cm to up to 10 cm. Detection of this nodule requires an abdominopelvic scan and a biopsy

to confirm the diagnosis. The diagnosis may be confused with umbilical endometriosis, pyogenic granuloma, haemangioma or umbilical location of Crhon [4]. Dissemination is generally by contiguity through the peritoneum but also venous, lymphatic or through embryonic remnants [5]. The prognosis is poor and management is often palliative.

### References

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**Figure 1:** Sister Marie Joseph's nodule clinical (A), ultrasonographic (B) and scannographic (C) appearance revealing a process of the uterine cervix (D).