URACHAL CARCINOMA: AN INCIDENTAL DIAGNOSIS OF A RARE TUMOR

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CLINICAL IMAGE

The urachus is a fibrous remnant of allantois, a canal that drains the urinary bladder of the foetus and runs within the umbilical cord. At birth it becomes a fibrous cord like structure called median fibrous ligament. In some adults, the remnant of the allantois persists within the ligament. This may give rise to cyst, fistula, diverticula and rarely neoplasm. Urachal carcinomas are very rare and comprise 0.35% to 0.7% of all bladder cancers. Because of the silent nature of the early disease and propensity for both local and nodal spread, they are often diagnosed at a late stage. Imaging studies usually show a heterogeneous mass with dystrophic calcifications suggestive of mucinous adenocarcinoma. Radical surgery with pelvic lymph node dissection is the treatment of choice. Here, we present the clinical images of a patient, who was being investigated for gall bladder calculus but was incidentally diagnosed with an urachal neoplasm (Figures 1-2).

A 39 year old male patient presented with pain upper abdomen for the last 15 days. Detailed clinical examination revealed tenderness in the epigastric region. An ultrasonogram of the abdomen showed a contracted gall bladder with a single stone and a 6cm x 4cm complex cystic supravesical mass was reported as an incidental finding.
Subsequently, a CECT Scan was done which showed 59 x 38 x 37 mm size cystic/solid partially calcified mass lesion arising from the superior surface of the urinary bladder anteriorly close to the anterior abdominal wall with infiltration of the bladder mucosa and similar calcified/cystic left external iliac bulky lymph node (Figures 3-4). These findings were suggestive of urachal carcinoma with pelvic lymph node metastasis. A cystoscopy was done which showed no gross mucosal infiltration. Partial cystectomy with wide local excision of the urachus, umbilicus, surrounding soft tissue and bilateral pelvic lymphadenectomy was planned.
FIGURE 4
CECT SCAN SHOWING THE MASS ARISING FROM THE SUPERIOR SURFACE OF URINARY BLADDER WHICH IS EXTENDING TOWARDS THE ANTERIOR BDOMINAL WALL AND THE LEFT PELVIC LYMPH NODE