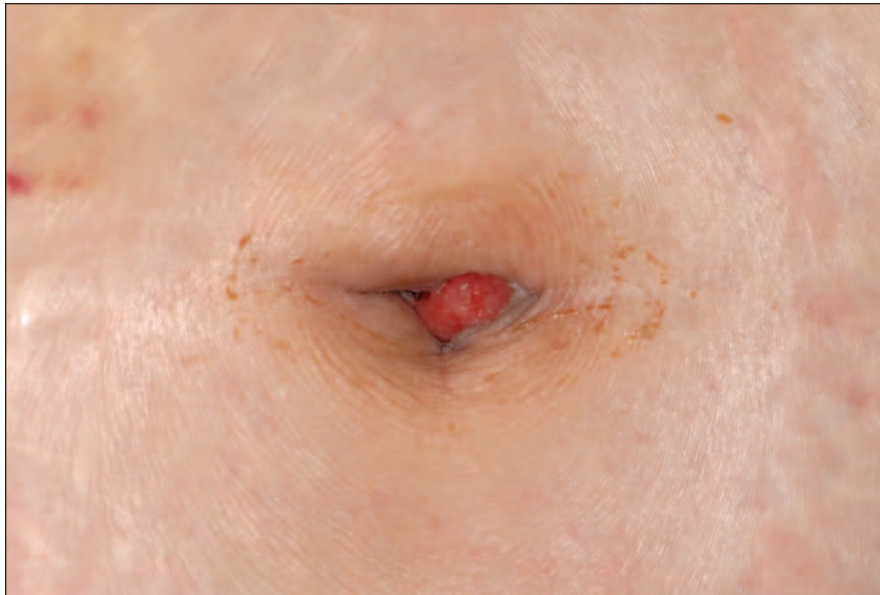


CLINICAL VISTAS BRIEFS

What's your call?

A 62-year-old woman presented with an ulcerated umbilical nodule and vaginal bleeding.



A 15-year-old boy presented with a 4-month history of purple horizontal stripes on his lower back.

See page 930 for diagnoses.

CLINICAL VISTAS BRIEFS

Sister Mary Joseph's nodule

This patient presented with an ulcerated umbilical nodule, profuse vaginal bleeding and a hemoglobin level of 45 g/L. Tumour was visualized at the apex of the vagina; however, biopsy was contraindicated because of bleeding. Biopsy of the umbilical mass revealed metastatic endometrial adenocarcinoma that was strongly positive for both estrogen and progesterone receptors. A CT scan of the abdomen and pelvis supported the diagnosis of umbilical metastasis

(Fig. 1) and showed massive tumour involvement of the uterus and cervix and a left adnexal metastasis (Fig. 2). Urgent radiotherapy successfully stopped the bleeding, and medroxyprogesterone therapy was started.

Sister Mary Joseph's nodule is an umbilical metastasis originating from intra-abdominal or intrapelvic malignant disease. First reported in 1864,¹ it was named after an American nursing Sister who noted an association between the nodules and intra-abdominal cancer during operations when

assisting Dr. William Mayo, founder of the Mayo clinic. The nodule is usually firm, irregular and ulcerated and can be associated with induration, bleeding, discharge and secondary infection. Primary lesions are most often of genitourinary, gastrointestinal or gynecologic origin. Spread to the umbilicus can be hematogenous or via lymphatics, contiguous extension, embryologic remnants, ventral hernia or iatrogenesis.¹ The presence of an umbilical metastasis usually carries an ominous prognosis (average survival time 11 months²).

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Competing interests: None declared.

REFERENCES

1. Storer H. Circumscribed tumour of the umbilicus closely simulating umbilical hernia. *Boston Med Surg J* 1864 19:73.
2. Dubreuil A, Domp Martin A, Barjot P, et al. Umbilical metastasis or Sister Mary Joseph's nodule. *Int J Dermatol* 1998 37:7-13.

DOI:10.1503/cmaj.060847

Idiopathic striae atrophicae of puberty

A 15-year-old boy presented with isolated horizontal stripes on his back that initially were purple but gradually faded. In the 6 months before presentation, he had gained 11 kg, to a weight of 61.1 kg (50th percentile) and had grown 10 cm, to a height of 173.7 cm (50–75th percentile), which resulted in a body mass index of 20 kg/m² (50th percentile). His medical history was unremarkable, except that he had been born at 33 weeks' gestation and experienced migraine headaches. The boy was otherwise well and had axillary hair for 3 years



Fig. 1: Axial CT scan showing the ulcerated nodule (arrow).

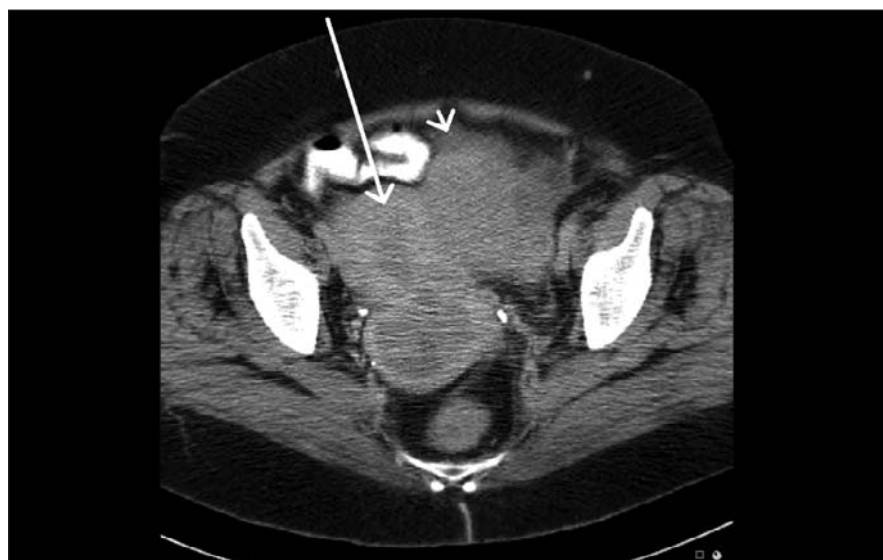


Fig. 2: Axial CT scan showing enlarged uterus (long arrow) and left adnexal mass (short arrow).