

Surgical Images

Imagier chirurgical

SISTER JOSEPH'S NODULE

A 63-year-old woman presented with a 3-month history of weight loss but no other symptoms. In particular there were no symptoms related to the gastrointestinal or genitourinary systems. Abdominal examination revealed only a hard nodule, 0.5 cm in dimension, at the umbilicus (Fig. 1). Fine-needle aspiration cytologic examination of the nodule showed metastatic mucinous adenocarcinoma cells. The patient's carcinoembryonic antigen level was 383 µg/L. Because of the lack of symptoms, only supportive care was offered. Ten weeks later

she was seen again suffering from anorexia and weakness. On physical examination she was jaundiced and cachectic. There were dilated superficial veins in the upper abdomen and there was ascites. The umbilical nodule had increased in size (Fig. 2). She was transferred to a terminal care hospice where she died 2 weeks later.

This neoplastic umbilical nodule, known as Sister Joseph's nodule, was named after Sister Joseph of the Mayo Clinic who imparted this clinical observation to the late William Mayo. The primary neoplasm is often situated in

the stomach, colon or ovary, but a primary neoplasm of the breast sometimes can produce a Sister Joseph's nodule, probably from lymphatic spread via the round ligament of the liver.¹ The detection of a Sister Joseph's nodule is always a late manifestation of the underlying neoplastic disease.

Reference

1. Mann CV, Russell RCG, Williams NS, editors. *Bailey & Love's short practice of surgery*. 22nd ed. London: Chapman & Hall Medical; 1995. p. 885-903.



FIG. 1



FIG. 2

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