CLINICAL PRACTICE

Clinical Images

The Sister Mary Joseph Nodule

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Figure 1 Bedside appearance of Sister Mary Joseph nodule (Panels a and b).

A 63-year-old Puerto Rican male presented with penile swelling, discomfort, and difficulty urinating. On physical examination, the patient was noted to have a firm, nodular umbilical mass, initially thought to be an irreducible umbilical hernia (Fig. 1, Panels a and b). Abdominal computed tomography (CT) confirmed a 4-cm umbilical nodule (Fig. 2, Panel a), a 10-cm mass posterior to the bladder (Fig. 2, Panel b), and multiple additional masses in the inguinal canal, liver, and retroperitoneum. Biopsy of the umbilical nodule was consistent with malignant peritoneal mesothelioma.

This umbilical lesion is a so-called Sister Mary Joseph (SMJ) nodule, indicative of underlying abdominal malignancy and poor prognosis. Named for Sister Mary Joseph (1856–1939), the first assistant for Dr. William Mayo at the Mayo Clinic, these lesions were often associated with advanced

Figure 2 Computed tomography of the abdomen and pelvis demonstrating umbilical metastasis (Panel a), and a 10-cm dominant mass (Panel b).

abdominal malignancies at the time of surgery.¹ SMJ nodules are seen in 1–3 % of all intra-abdominal and pelvic malignancies² and are metastases most commonly from primary tumors of the gastrointestinal and genitourinary tracts.³ SMJ nodules may be the first and only sign of an underlying neoplasm in approximately 30 % of cases.⁴ This patient ultimately elected to pursue treatment near family in Puerto Rico, and was discharged from our care.

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