Clinical Images

An Abscess of Urachal Remnant

Yuta Hirose, MD, Kiyoshi Shikino, MD, PhD, and Masatomi Ikusaka, MD, PhD

Department of General Medicine, Chiba University Hospital, Chiba-city, Chiba, Japan.

KEY WORDS: urachal remnant; urachus.
 J Gen Intern Med 32(3):360
 DOI: 10.1007/s11606-016-3804-1
 © Society of General Internal Medicine 2016

A 43-year-old man presented with one week of abdominal pain and umbilical discharge (Fig. 1). On exam, there was a painful mass in the infraumbilical region and a positive Carnett's sign (increased pain with tensing of the abdominal muscles suggestive of abdominal wall pathology). Urine test results were negative. Abdominal enhanced computed tomography showed a rim-enhancing mass and a linear lesion between the mass and bladder dome (Fig. 2). Culture of the umbilical discharge was positive for *Peptoniphilus* species. Urachal remnant abscess was diagnosed. After abscess drainage and intravenous antibiotics administration, the symptoms alleviated.

The urachus, a vestigial structure connecting the bladder dome to umbilicus, occludes and normally becomes a fibrous cord after birth.¹ If occlusion is insufficient, an urachal remnant forms and may eventually become infected. Tenderness between the umbilicus and lower abdomen in conjunction with pus discharge from the umbilicus are indicative of a urachal remnant abscess.² Urine test results are negative in

Figure 1. Pus discharge from the umbilicus and erythema around the umbilicus.

Figure 2. There is a mass containing air and covered by an enhanced wall (arrow). Linear lesion between the mass and the dome of the bladder (arrowheads).

more than 80% of cases.¹ The differential diagnoses include “Umbilicus cellulitis” and a “Sister Mary Joseph’s nodule.”³ After resolution of the infection, there are recommendations that the urachal remnant should be excised to prevent recurrent infection and avoid the risk of neoplastic transformation.¹

Acknowledgements: We are grateful to Dr. Akinori Takei, Department of Urology, Chiba University Hospital, for managing the patient.

Corresponding Author: Yuta Hirose, MD; Department of General Medicine Chiba University Hospital, 1-8-1, Inohana, Chuo-ku, Chiba-city, Chiba, Japan (e-mail: yuta1076@yahoo.co.jp).

Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. Tazi F. Abscess of urachal remnants presenting with acute abdomen: a case series. *J Med Case Rep*. 2012;6:226–232.
2. El Ammari JE. Urachal sinus presenting with abscess formation. *ISRN Urol*. 2011;2011:820924.
3. Miller T, Ashworth J, Richards S. Sister Mary Joseph nodule. *BMJ*. 2015;351:h5224.

Received April 21, 2016

Revised June 3, 2016

Accepted June 27, 2016

Published online July 8, 2016