

**Sister Joseph Marie Nodule:  
A Clue to Intra-Abdominal  
Malignancy**

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**Summary**

*The metastatic nodule at umbilicus - "SISTER JOSEPH MARIE NODULE" - is not an uncommon feature of intra-abdominal malignancy. This should arouse a search for primary abdominal malignancy.*

**Case Report**

A 60 years old man, presented with unexplained fever of 3 months-duration, abdominal pain, distention and vomiting. Clinically he was pale looking, had ankle oedema and generalised wasting. Abdomen was distended with shifting dullness and fluid thrill (Fluid in the peritoneal sac). Apart from this there was a bean size nodule around the umbilicus. A separate mass extending from lower umbilical line to almost hypogastrium was also palpable. The nodule was fixed and non-tender and so was the mass. Spleen was not palpable. Liver was enlarged to 3 fingers breadth below the right costal margin. Findings in the chest and cardiovascular system were unremarkable. A tentative diagnosis of cirrhosis liver was made at admission.

Liver function tests (LFTS), routine blood testing and urinalysis did not show any significant change, except for a low Hb (8.5 gm) and a high E.S.R. (100 mm=Westergren method). Per-rectal (PR) findings were unremarkable. Ultrasound reported free fluid in the peritoneal cavity and metastases in the liver.

However the nodule at the umbilicus dragged our attention towards intra-abdominal malignancy. Peritoneal fluid was tapped and sent for routine examination and malignant cells. (Fluid was haemorrhagic). Biopsy of the umbilical nodule was next attempted and the histopathologic report turned out

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to be a metastatic adenocarcinoma.

This aroused a search of primary abdominal malignancy. Bariummeal examination was arranged and showed a filling defect in the gastric outflow tract. Endoscopy was next attempted and showed a fungating mass in the antral region of the stomach. Endoscopic biopsy from the mass proved it to be a primary adenocarcinoma of the stomach. Thus the metastatic nodule at umbilicus "SISTER JOSEPH MARIE NODULE", not an uncommon feature of intra-abdominal malignancy in clinical practice, helped us in clinching at the correct diagnosis and aroused a search for the primary malignancy, and precluded unnecessary and costly invasive and non-invasive diagnostic procedures and obviated unrelated management and loss of money.

Such is the essence of clinical signs in medicine. "IT IS NOT THAT THE PHYSICIANS DO NOT KNOW MUCH, BUT THAT THEY DO NOT SEE MUCH".

### **Discussion**

Metastasis to and around the umbilicus is not an uncommon feature of intra-abdominal malignancy, especially from stomach, colon and ovaries. The deposit may be lymphatic extension along the falciform ligament or blood born. The nodule is usually a firm to hard mass, non-tender and fixed. The nodule was named Sister Joseph Marie Nodule and is a reliable sign of intra-abdominal malignancy. It may present in a situation where the patient has advanced malignancy having ascites, hepatomegaly and generalised wasting. The clinical situation may well simulate cirrhosis of liver or tuberculous peritonitis both not uncommonly encountered in our clinical situation. However, meticulous general physical examination for lymph node enlargement, umbilical nodule and metastatic deposits elsewhere (especially in elderly people of carcinoma age) alongwith a thorough systemic examination and peritoneal fluid cytology for malignant cells may point at intra-abdominal malignancy. Barium meal examination, ultrasonography and endoscopic examination of G.I. tract and biopsy directed at finding the primary malignancy will further aid in reaching a proper diagnosis. This will preclude unnecessary, costly non-invasive and invasive diagnostic procedures and will simplify the management of such patients who may go from hospital to hospital in the vague hope of ever been treated.

### **References**

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