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## Case Report

# Urachal mucinous adenocarcinoma in the pelvic wall mimicking endometriosis

Tsukasa Saida, MD<sup>a,\*</sup>, Sari Nakao, MD<sup>b</sup>, Yumiko Oishi Tanaka, MD<sup>c</sup>, Yoko Yano, MD<sup>d</sup>, Toyomi Satoh, MD<sup>b</sup>, Manabu Minami, MD<sup>a</sup>

<sup>a</sup>Department of Radiology, Faculty of Medicine, University of Tsukuba, 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan

<sup>b</sup>Department of Obstetrics and Gynecology, Faculty of Medicine, University of Tsukuba, 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan

<sup>c</sup>Diagnostic Imaging Department, The Cancer Institute Hospital of Japanese Foundation for Cancer Research, 3-8-31 Ariake, Koto-ku, Tokyo 135-8550, Japan

<sup>d</sup>Department of Pathology, Faculty of Medicine, University of Tsukuba. 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan

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## ABSTRACT

We report the case of a 30-year-old woman who complained of a painful palpable mass. Magnetic resonance imaging revealed an ill-defined mass approximately 8 cm in diameter with internal microcystic components. The mass diffusely involved the subcutaneous tissues, the muscles of the pelvic wall, and urinary bladder via a postoperative scar and resembled endometriosis. The histopathologic diagnosis was mucinous adenocarcinoma arisen from the urachal remnant. This is a very rare case of urachal adenocarcinoma arising mainly in the pelvic wall and mimicking endometriosis on MRI.

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## Introduction

Urachal neoplasms differ histologically from other bladder neoplasms on the basis that urachal remnants resemble the intestinal epithelium rather than the urothelium. Malignant urachal neoplasms account for less than 1% (0.35%-0.7%)

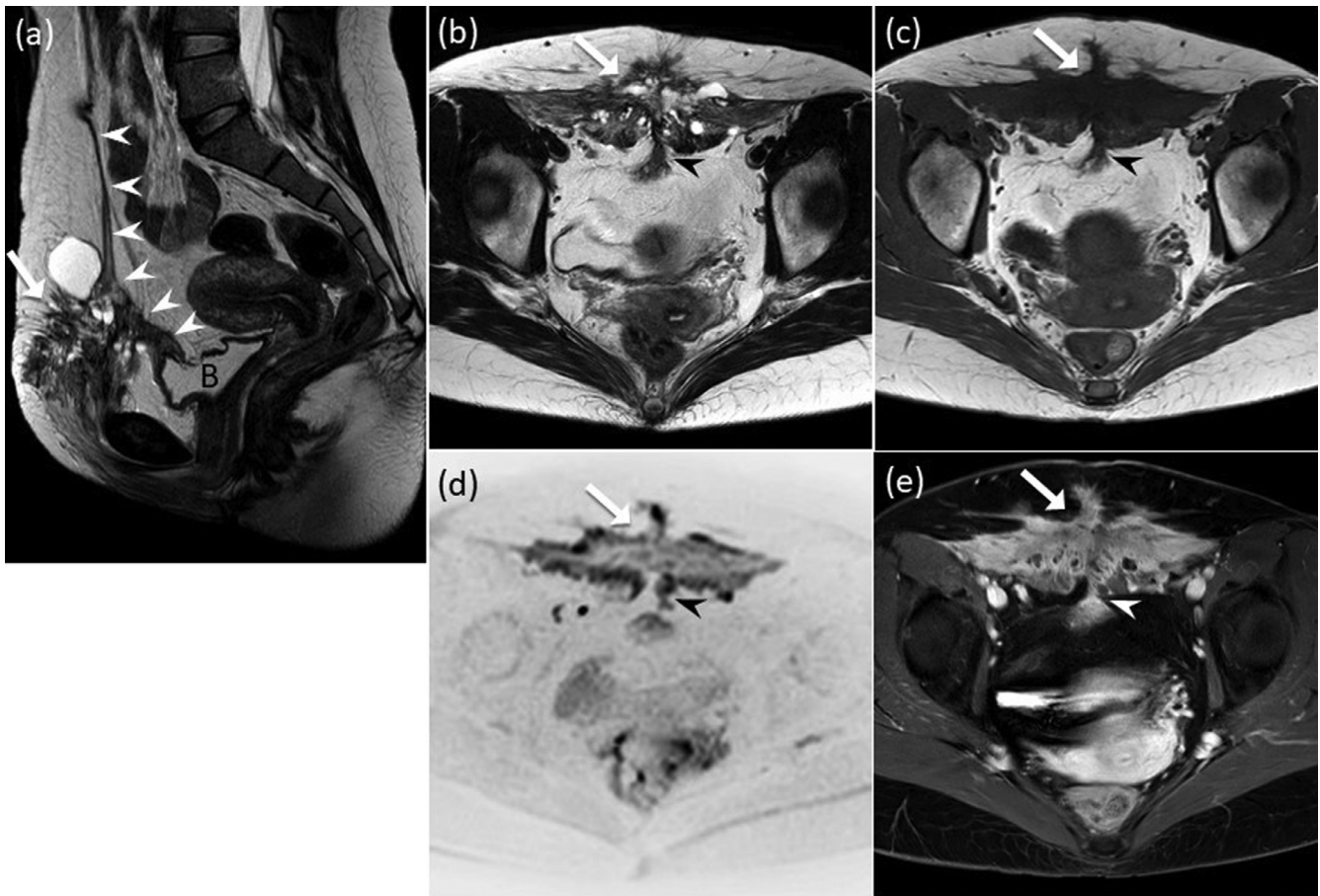
of all bladder cancers [1,2]. The most common histologic subtype is adenocarcinoma [1,3]. Urachal adenocarcinoma is an uncommon malignancy accounting for 20%-39% of adenocarcinomas of the bladder [4,5]. Patients usually present at an advanced stage, and thus the prognosis is poor. Differentiating urachal adenocarcinoma from primary tumors of the surrounding structures and from metastasis is often

\* Corresponding author. Tsukasa Saida, MD. Departments of Radiology, Faculty of Medicine, University of Tsukuba 1-1-1 Tennodai, Tsukuba, Ibaraki 305-8575, Japan.

E-mail address: [saida\\_sasaki\\_tsukasa@yahoo.co.jp](mailto:saida_sasaki_tsukasa@yahoo.co.jp) (T. Saida).

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**Fig. 1** – Magnetic resonance images of the mass in the pelvic wall. (a) Sagittal T2-weighted image shows an ill-defined mass in the pelvic wall (arrow). The mass shows low signal intensities with small high signal foci. Retrospectively, we considered that the linear structure (white arrow heads) continuous from the tumor to the bladder (B) and the umbilicus indicating the urachal remnant. (b) On axial T2-weighted image, the mass (arrow) diffusely involves the subcutaneous tissues and muscles of the pelvic wall. The mass communicates with the urinary bladder via the postoperative scar (black arrow head), which we retrospectively considered as the urachal remnant. (c) There was no internal high signal on T1-weighted images to indicate hemorrhage. (d) The mass (arrow) and urachal remnant (black arrow head) show mild restriction on diffusion weighted image with a b value of 1000s/mm<sup>2</sup>. (e) The mass (arrow) and urachal remnant (white arrow head) are well enhanced on contrast-enhanced fat-saturated T1-weighted image.

difficult. We here report magnetic resonance (MR) imaging findings for a 30-year-old woman with urachal mucinous adenocarcinoma mimicking scar endometriosis.

### Case report

A 30-year-old woman was referred to our hospital with a complaint of a painful palpable mass in the anterior pelvic wall. The mass had been identified a few years earlier. The relationship between pain and menstruation was unclear and she had no urinary symptoms. The hematologic and blood chemistry tests findings were normal and blood tumor markers were not elevated. She had a history of trans-abdominal enucleation of a serous cystadenoma of the right ovary by laparotomy, but no cesarean section.

MR imaging of the pelvis revealed an ill-defined diffusely infiltrating mass, approximately 8 cm in diameter, in the anterior pelvic wall. The mass showed low intensities with small high signal foci on T2-weighted images (Fig. 1a and b). T1-weighted image did not show high signal foci, which would indicate hemorrhage (Fig. 1c). Diffusion-weighted images showed mild restriction of the mass (Fig. 1d). The mass was well enhanced on the contrast-enhanced images (Fig. 1e). Small high signal foci on the T2-weighted images did not enhance and were considered cystic components. The mass diffusely involved the subcutaneous tissues and infiltrated into the bilateral rectus abdominis muscles and other pelvic wall muscles, communicating with the urinary bladder via the postoperative scar. Calcification was not detected on computed tomography (CT).

While there was no evidence of endometriosis in the pelvis, scar endometriosis of the pelvic wall was mostly suspected from the MR imaging findings and her past history (at the

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