Case Presentation

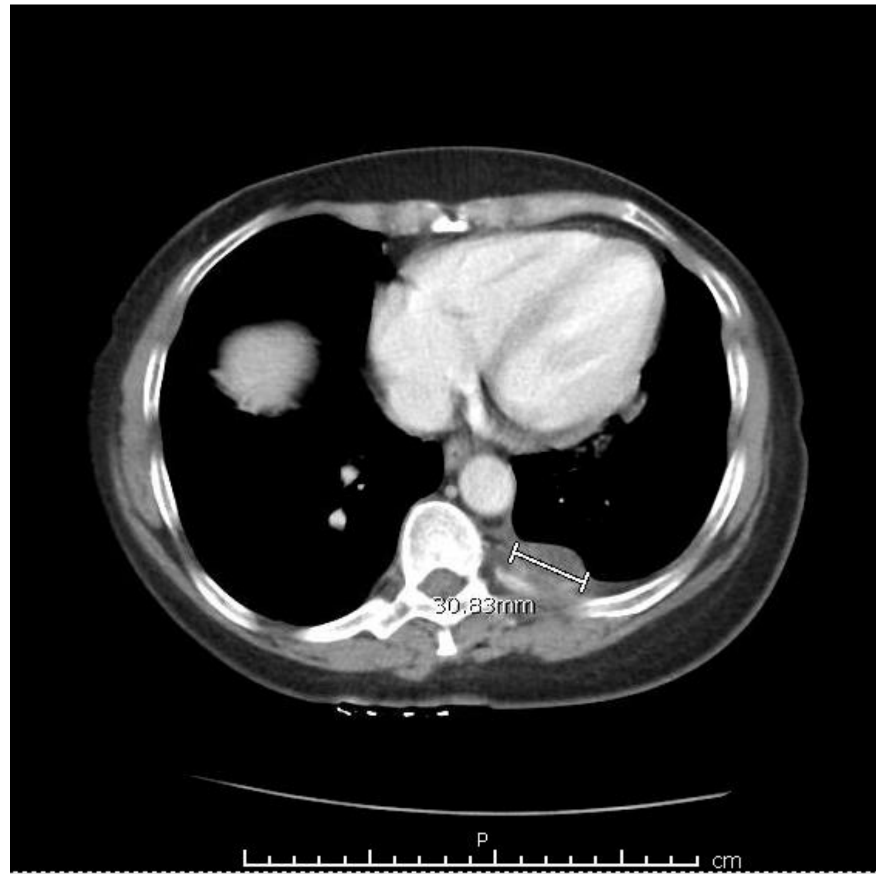
Diagnostic Radiology Elective

Cortlandt Sellers

November 30, 2017

Our Patient

- M.J., 68 yo female
- PMHx: Hypertension.
- SHx: negative for tobacco or ethanol use.
- Presenting Concern: Increasing chest and abdominal pain


30.83mm
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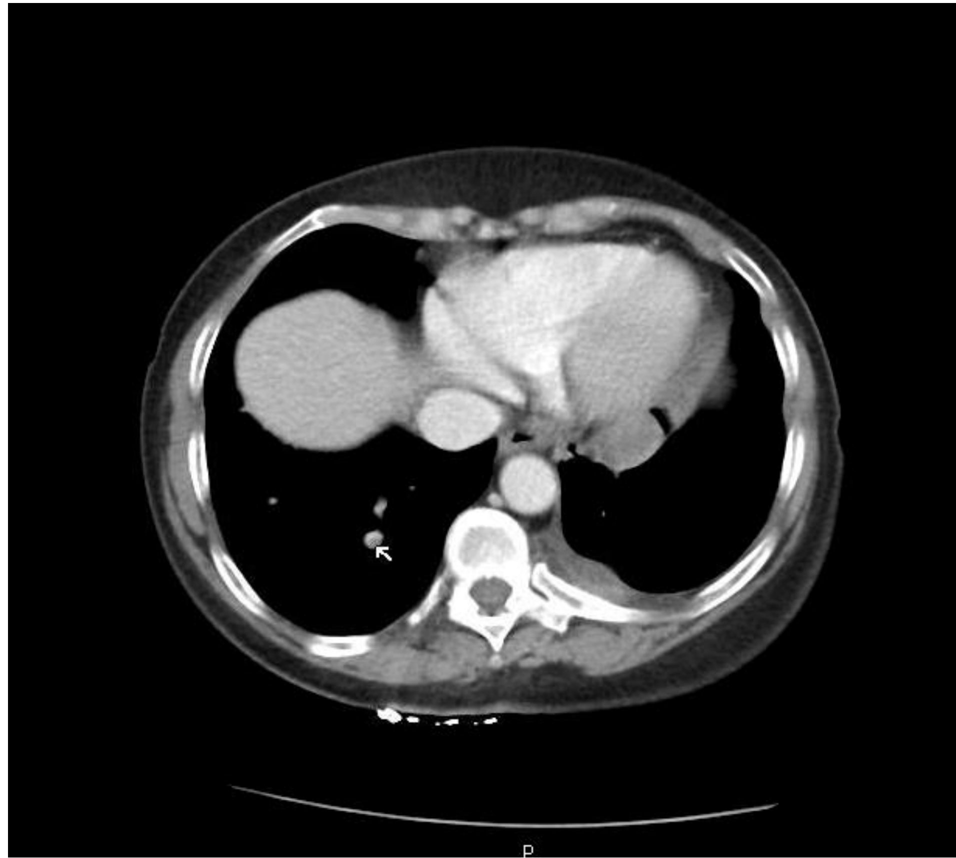
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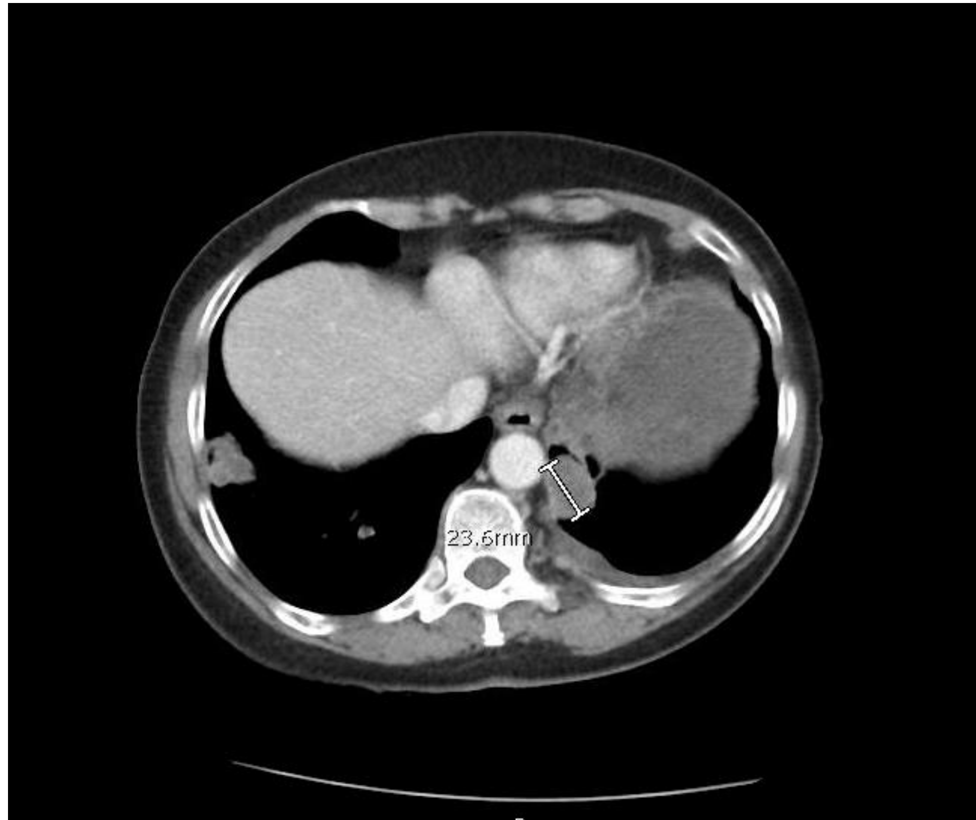
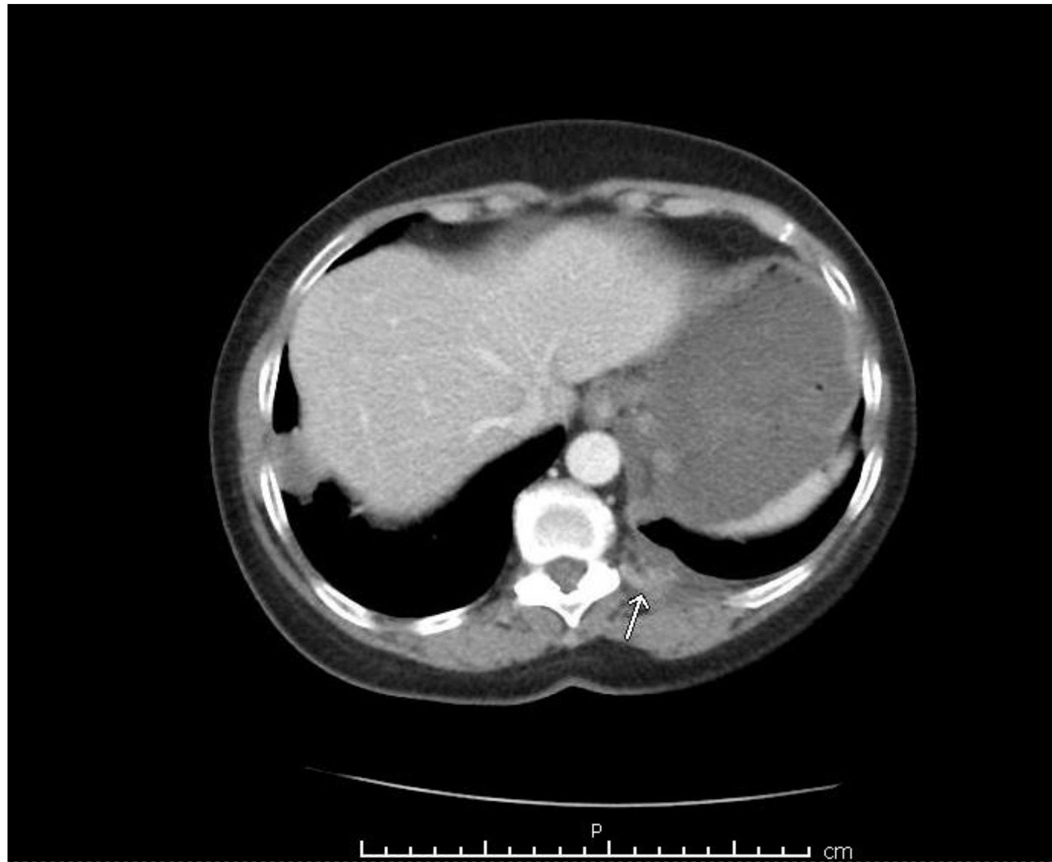

23.6mm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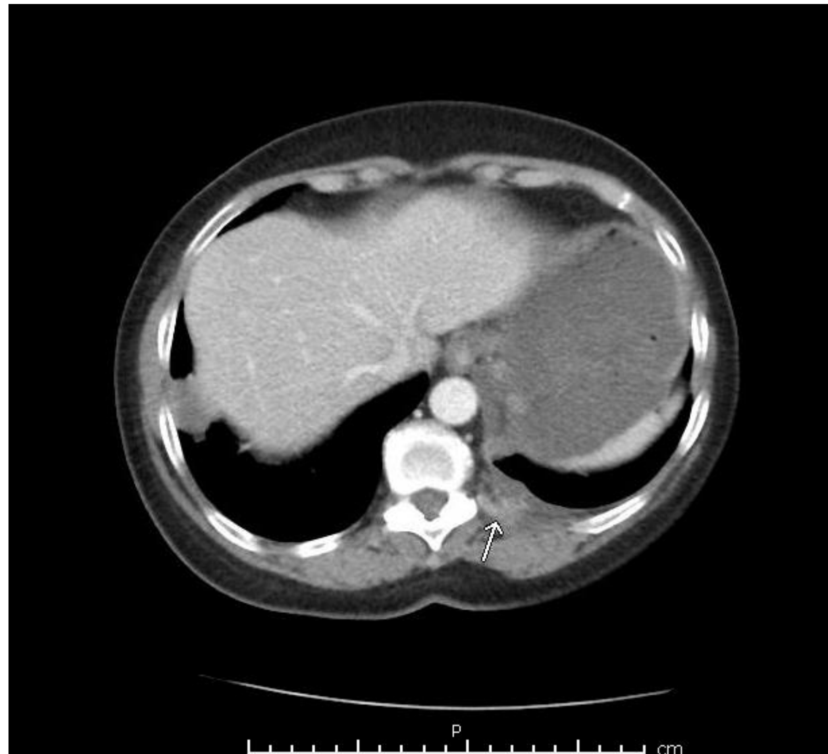
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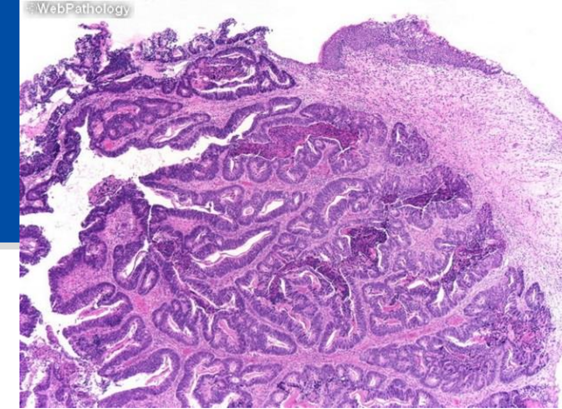
Patient Disease Course

- Diagnosed w/ **urachal adenocarcinoma** of the bladder in 2011
- Initially presented w/ hematuria
- 2011: Cystectomy + limited LN dissection
- 2014: Debulking of solitary pelvic side wall metastasis. Subsequent FOLFOX
- 2016: Metastases to lungs. Systemic FOLFIRI, but still POD
- Further metastases to brain & bone.
- Currently on Hospice

Urachal Adenocarcinoma



- Rare non-urothelial malignancy.
- Derives from the urachal ligament (remnant of the allantois).
- Slightly more common in men (59%) and in the 5th decade of life.
- 90% of cases are mucin producing.
- Risk factors are poorly defined.
- Often presents at an advanced state with a poor prognosis. Most common initial presentation is hematuria.
- If resectable, best treatment is a partial cystectomy with en-bloc resection of the urachal ligament with the bladder dome and umbilicus.

References

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