

URACHAL DIVERTICULUM

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A 31-year-old female patient with pelvic pain for a day reported a sharp pain in the pelvic region on the left, which worsens when she bends down. She has diabetes mellitus treated with metformin (500 mg 02 cp/night) and gliclazide (60 mg 02 cp/day). Denies abdominal surgeries and urinary infections. Nulligravida without the use of oral contraceptives. Negative beta HCG test. She presented significant pain on abdominal palpation, with greater intensity in the left iliac fossa and a negative sudden decompression test. The urine test, blood count, and abdominal CT scan were normal. Abdomen MRI detected fibrodermal tracts near the bladder roof with

thickening of the ligament to the umbilicus via obliterated urachal diverticulum (Fig. 1), and thickening of the round ligaments. The patient took pain medication and referred for outpatient follow-up. Urachal anomalies in adults are extremely rare. The urachal diverticulum appears as a deformity that communicates with the anterosuperior aspect of the bladder, with radiological characteristics of soft tissue in the Retzius space. Most patients are asymptomatic and are diagnosed accidentally by imaging tests. However, complications can lead to a palpable mass, acute abdominal pain, and urinary tract infections.

Figure 1 |

