

Urachal Abscess: A Rare Cause of Acute Abdominal Pain in Adults

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Abstract

Urachal diseases are rare diseases that develop from congenital anomalies. We report the case of a 26-year-old female patient who has no previous medical history was admitted to the emergency department with complaints of pain in the umbilical region and right lower quadrant for two days..

Keywords: Urachal Abscess, Abdominal Pain, Adults.

1. INTRODUCTION

Abdominal pain is a common presentation in the primary care and emergency room setting and there are too many differential diagnoses of abdominal pain. One of them is urachal disease. Urachal diseases are rare diseases that develop from congenital anomalies.

2. CASE

A 26-year-old female patient who has no previous medical and family history was admitted to the emergency department with decreased appetite, complaints of pain in the umbilical region and right lower quadrant for two days. Her blood pressure is 120/80, O₂ saturation is 99, heart rate is 80. She has no fever. On abdominal examination, there was defense around the umbilicus and in the right lower quadrant. Upon detection of leukocytosis and high CRP in blood biochemistry, ultrasound and CT were planned for the patient.

On ultrasound, there was heterogeneous hypoechoic appearance in the superior bladder. In the abdomen contrast-enhanced tomography performed because other causes of acute abdomen could not be distinguished, cystic and solid components of approximately 63x39mm in the axial images along the 9 cm segment in the anterosuperior of the bladder were found after the intravenous contrast agent, which has marked contrast, contamination in the surrounding mesenteric fatty tissue, and an increase in asymmetrical thickness in the superior wall of the bladder. The heterogeneous lesion with suspicious connection with the

bladder at this level was evaluated as urachal abscess.

Percutaneous abscess drainage was performed under USG guidance and antibiotic therapy was started. The patient was admitted by urology. The patient was treated with IV antibiotics and underwent abscess drainage, which was performed by interventional radiology. No further medical treatment was required. The patient was discharged from the urology department with an oral antibiotic after 5 days.

3. DISCUSSION

Infected urachal cyst and urachal carcinoma are the most common urachal diseases in adults. Non-specific findings such as abdominal pain, nausea, vomiting and fever can be seen in patients with urachal abscess. In this case, it may be difficult to diagnose. (1)

On abdominal examination, there was defense around the umbilicus and in the right lower quadrant. Upon detection of leukocytosis and high CRP in blood biochemistry, ultrasound and CT were planned for the patient. Urachal diseases are a rare cause of acute abdomen. It should be kept in mind in the differential diagnosis in cases of nausea, vomiting, abdominal pain, and peritonitis findings, leukocytosis, and increased CRP in patients who apply to the emergency department. (2) Infected urachal cyst and urachal carcinoma are the most common urachal diseases in adults. (3) Non-specific findings such as abdominal pain, nausea, vomiting and fever can be seen in

patients with urachal abscesses. The urachus is an embryologic tract that connects the allantois with the urinary bladder, which degenerates after birth into the medial umbilical ligament. (4)

Although this is quite rare, diseases can manifest themselves in a sudden and life-threatening way. Urachal diseases are a rare cause of acute abdomen. The patient needs IV antibiotics and abscess drainage. (5) While USG helps the diagnosis in many cases, it can be used in CT and MR imaging when necessary.

4. CONCLUSION

It should be kept in mind in the differential diagnosis in cases of nausea, vomiting, abdominal pain, and peritonitis findings, leukocytosis, and increased CRP in patients who apply to the emergency department.

REFERENCES

- [1] El Ammari JE, Ahallal Y, El Yazami Adli O, El Fassi MJ, Farih MH. Urachal sinus presenting with abscess formation. *ISRN Urol*. 2011; 2011: 820924.
- [2] Allen JW, Song J, Velcek FT. Acute presentation of infected urachal cysts: case report and review of diagnosis and therapeutic interventions. *Pediatr Emerg Care*. 2004 Feb; 20(2):108-111.
- [3] Schlaishunt S, Rubin J. A case of urachal remnant presenting as acute abdominal pain. *J Emerg Med*. 1999 Mar-Apr; 17(2):243-6.
- [4] <https://www.uptodate.com/contents/care-of-the-umbilicus-and-management-of-umbilical-disorders-in-children>
- [5] Tsai IS, Lin LH, Hung SP. An infected urachal cyst presenting as acute abdominal pain in a child: A case report. *Medicine (Baltimore)*. 2020; 99(5):e18884

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