An Infected Urachal Remnant in a Young Man

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A 23-year-old man with a history of exploratory laparotomy due to appendicular perforation at 18 years of age presented to our emergency department with acute pain in the right lower quadrant of the abdomen (RLQA). Rebound tenderness over the RLQA was remarkable. The laboratory data showed a leukocyte level of 13.7×10³/mm³ and a C-reactive protein level of 8.55 mg/dL. Computed tomography of the abdomen identified a heterogeneous, hypodense lesion with fatty stranding beneath the RLQA wall and a tubular connection between the lesion and bladder dome (Picture A, B). Subsequent extraperitoneal excision of the lesion was performed. Histopathology revealed inflammation of the urachal remnant (UR).

URs that abnormally remain patent after birth tend to become infected. The presence of an infected UR can result in a misdiagnosis of intra-abdominal inflammatory disorders and manifest as acute surgical abdomen (1, 2). Typically, the area of pain involves the midline, infraumbilical abdomen, whereas our patient demonstrated notable RLQA pain because the UR had markedly deviated to the RLQA, which may have resulted from the previous abdominal surgery.

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References


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