

Category 15, Item 16

Although all of the conditions listed could produce the symptoms, physical findings, and laboratory results noted, ultrasonography is generally diagnostic. In the few cases in which it is not, abdominal computed tomographic (CT) scan is virtually always conclusive. Because the urachus connects the urinary bladder to the umbilical cord in utero, its direction is inferior in the midline from the umbilicus to the bladder dome. Incomplete closure after birth can result in a persistent fistula, a draining sinus, or urachal cyst. All three abnormalities lie in the midline subfascially between the umbilicus and the bladder dome. Optimal treatment for an infected urachal cyst is initial incision and drainage followed by elective complete cyst excision after the infection has resolved.

B

References

1. Goldman IL, Caldamone AA, Gauderer M, et al: Infected urachal cysts: A review of 10 cases. *J Urol* 140:375-378, 1988
2. Iuchtman M, Rahav S, Zer M, et al: Management of urachal anomalies in children and adults. *Urology* 42:426-430, 1993
3. Newman BM, Karp MP, Jewett TC, Cooney DR: Advances in the management of infected urachal cysts. *J Pediatr Surg* 21:1051-1054, 1986