

## CLINICAL EXAMINATION: LOSING THE SHINE

Dear Sir,

We read the article by Tan et al<sup>(1)</sup> with great interest. The authors described a case of recurrent cholangiocarcinoma, which was found to have fluorodeoxyglucose (FDG)-avid umbilical metastatic deposit on F18-FDG positron emission tomography-computed tomography imaging, and reiterated that it was a case of Sister Mary Joseph nodule. However, the authors did not report whether this umbilical nodule was clinically palpable or if it was missed during clinical examination. The size of the lesion detected on imaging has also not been mentioned.

The term 'Sister Mary Joseph nodule' was coined to describe metastatic nodules present in the umbilicus, which is associated with an advanced, metastatic intra-abdominal malignancy. Sister Mary Joseph was a surgical assistant of William J Mayo at the Minnesota St Mary's hospital from 1890 to 1915. While preparing the abdomens of patients for surgery, she noticed that many of these patients, whose advanced intra-abdominal malignancy were confirmed at surgery, actually had umbilical nodules.<sup>(2)</sup> It cannot be overemphasised that it was her sheer observation that had led to the identification of this important clinical finding.

Technical advancements in the field of imaging have resulted in astounding changes in our understanding of various diseases and their management. However, the importance of clinical examination cannot be overstressed. A detailed and accurate clinical examination guides clinicians in deciding the appropriate imaging investigation relevant to a particular patient. Moreover, no investigation is said to have absolute sensitivity and specificity. A correct interpretation of the imaging findings pertaining to a particular disease can be more meaningfully done in the light of the clinical findings. Many unnecessary investigations can be avoided if a detailed clinical examination is done with a focus on the natural history of the disease a patient is suffering from. A clinical examination to corroborate an imaging finding should be an inconstant practice. Rather, an imaging should corroborate what a clinician has in mind. Findings on imaging are usually surprising to an unsuspecting clinician.

Yours sincerely,

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## REFERENCES

1. Tan MLM, Padhy AK. Umbilical metastatic deposit from recurrent cholangiocarcinoma: F18-FDG PET-CT findings. Singapore Med J. 2011; 52:e236-8.
2. Horn JJ, Fred HL, Lane, M, Hudgins PT. Umbilical metastases. Arch Intern Med 1964; 114:799-802.

**Editor's note:** The authors, Tan et al, have declined to comment on the above letter.