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LEARNING POINTS

- Colonic adenocarcinoma can metastasize to skin without previous metastasis to liver.
- Cutaneous metastasis of colonic cancer can be very painful and large.
- Biopsy of any suspicious skin lesion is indicated in patients with previous colonic cancer.
- Skin involvement conveys poor prognosis and short overall survival.
- Surgical excision is the treatment of choice for symptomatic lesions.

Intraperitoneal bladder rupture

A 24-year old man was referred to the authors' institution with severe abdominal pain after involvement in a road traffic incident. A computed tomography scan of the abdomen and pelvis demonstrated an intraperitoneal rupture of the urinary bladder dome (*Figure 1*). There was also a large volume of high-density fluid intraperitoneally (*Figure 2*), but no solid visceral, vascular or bowel injuries were seen. Further inquiry revealed that he underwent a contrast-enhanced computed tomography scan earlier at the referring institution. In the setting of an intraperitoneal bladder rupture, this fluid was felt to represent extravasated contrast-enhanced urine. The patient underwent emergency laparotomy which confirmed the findings and had a successful repair of his bladder injury.

Urinary bladder ruptures are most commonly seen in polytrauma patients. Classically, bladder injuries have been categorized based on the degree of wall injury and anatomical location which includes simple contusions, interstitial injury, intraperitoneal rupture, extraperitoneal rupture, and combined intraperitoneal and extraperitoneal rupture (Sandler et al, 1986). Invariably, patients with intraperitoneal or combined rupture require surgical intervention, whereas extraperitoneal ruptures can be managed conservatively (Corriere and Sandler, 1999). Timely diagnosis with early clinical suspicion, appropriate radiological investigation and surgical management where indicated, has drastically improved clinical outcomes. BJHM

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Figure 1. Sagittal computed tomography reconstruction demonstrating an intraperitoneal bladder dome rupture (black arrow) with active extravasation of urine into the peritoneal cavity.

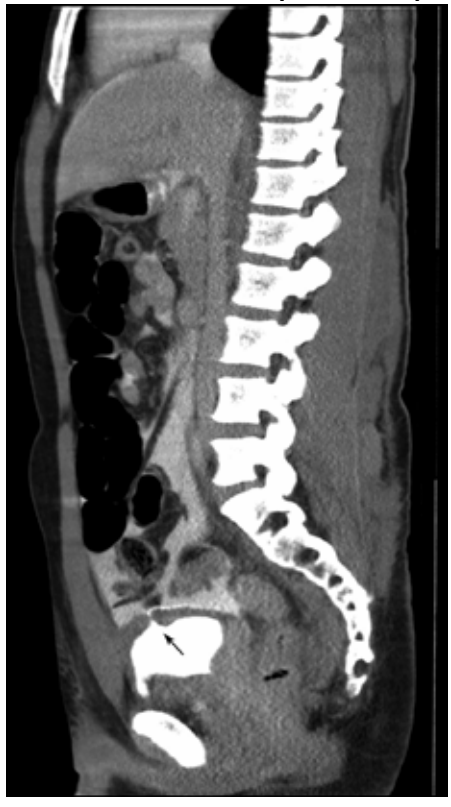

Figure 2. Coronal computed tomography reconstruction demonstrating the intraperitoneal bladder dome rupture (black arrow) with extensive high-density intra-abdominal fluid filling the peritoneal spaces (white asterix), confirmed intra-operatively to be contrast-enhanced urine.