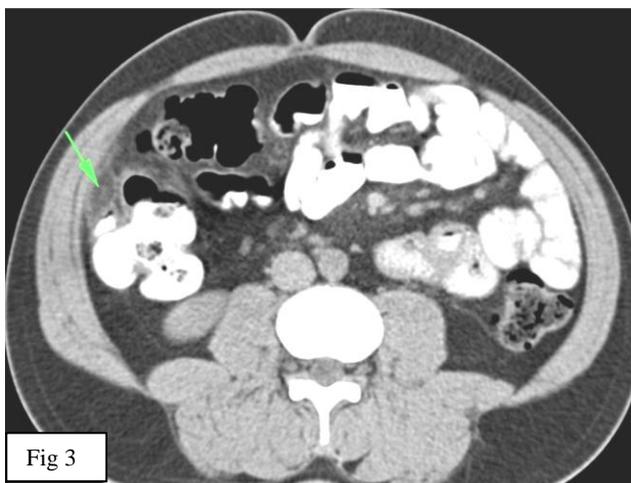
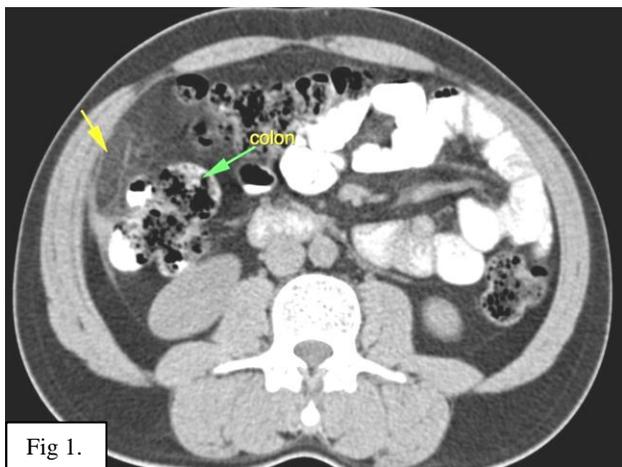


Acute Epiploic Appendagitis: A case report.

Clinical History: A 37 year old male patient presented with history of pain in right lumbar region and iliac fossa since 4 days. There was no history of fever or altered bowel habits.

Contrast enhanced CT scan of abdomen was performed.

Findings:



- Fat-density ovoid structure (yellow arrow, Fig 1) adjacent to colon (green arrow), showing thin high-density rim.
- Surrounding inflammatory fat stranding and thickening of the adjacent peritoneum (green arrow in Fig2, Fig4)
- Central hyperdense dot (green arrow in Fig 3), representing the thrombosed vascular pedicle

Diagnosis: Acute epiploic appendagitis

Discussion:

Epiploic appendages are peritoneal outpouchings that arise from the serosal surface of the colon, contain adipose tissue and vessels, and can be up to 5 cm in length

Torsion of epiploic appendages, with resultant vascular occlusion or venous occlusion that leads to ischemia, has been implicated as the cause of acute epiploic appendagitis. The venous component of the appendage is affected first, because each appendage is supplied by paired arteries but drained by only one vein.

Acute epiploic appendagitis is associated with obesity, hernia, and unaccustomed exercise. Inflammation of the epiploic appendages is self limited in the majority of patients. Rarely, acute epiploic appendagitis may result in adhesion, bowel obstruction, intussusception, intraperitoneal loose body, peritonitis, and/or abscess formation.

Imaging findings include:

1.5-3.5 cm fat density lesion with surrounding inflammatory changes, usually abutting wall of the colon. Central, high density focus within fat, probably representing thrombosed blood vessel.

Colon wall thickening is unusual.

Changes resolve within 6 months.

Occasionally, fat necrosis may lead to calcification of the appendage.

The differential diagnosis of an inflammatory fatty lesion on CT includes acute epiploic appendagitis, mesenteric panniculitis, acute diverticulitis, trauma, or an omental neoplasm such as a liposarcoma.

Conclusion:

On CT, acute epiploic appendagitis has a predictable appearance in terms of location, size, and density. The most common finding on CT is a fat-density oval lesion with surrounding inflammation on the anterior aspect of the colon.

Dr.Deepa S.Nadkarni / Dr.Shaikh M.Mazhar

N.B: This case is authentic and from the archives of Radiance Diagnostics. For any queries/suggestions/feedback write to us at radiance@radiancediagnostics.in. Case of the month can also be accessed anytime online at **VIEW BOX** at www.radiancediagnostics.in