Clinical Images

A rare cause of acute abdomen: epiploic appendagitis

Keywords: epiploic appendagitis, inflammation, analgesics, antispasmodics

Introduction

Primitive epiploic appendagitis includes the twists and primitive inflammations of the epiploic appendages. These pathological events, considered rare, have been exceptionally diagnosed for a long time during the preoperative period. Advances in medical imaging now make it possible to avoid unnecessary surgical procedures. This is illustrated by the observation presented here.

Medical observation

This is a 14-year-old child, with no notable pathological antecedents, presented to the pediatric emergency room of the hospital, for pains of the left iliac fossa evolving for six days and progressive worsening. He did not suffer from transit disorders or associated urinary function signs and was afebrile. The abdominal palpation showed a right iliac fossa defense. Overweight was noted with a BMI of 29. Biologically, the CRP was at 11 mg / l (N <1), the leucocytes at 10 000 per cubic millimeter predominantly neutrophilic polynuclear. The cytobacteriological examination of the urine was negative. Radiography of the abdomen without preparation showed neither hydroaeric level nor calcification in projection of the urinary tract. Abdominal ultrasound showed a small hyperechoic, ovoid, non depressible mass on the right flank, surrounded by a hypoechoic halo containing a few fine vessels without dilatation of the urinary tract or intra-abdominal effusion. The CT complements revealed infiltration of the fat at the coeco-appendicular junction, with a greasy image of a shuttle surrounded by a hyper dense ring, suggestive of omental appendage torsion Figure 1. It was decided to treat the patient with analgesics, antispasmodics, a month later the patient no longer had spontaneous or induced abdominal pain.

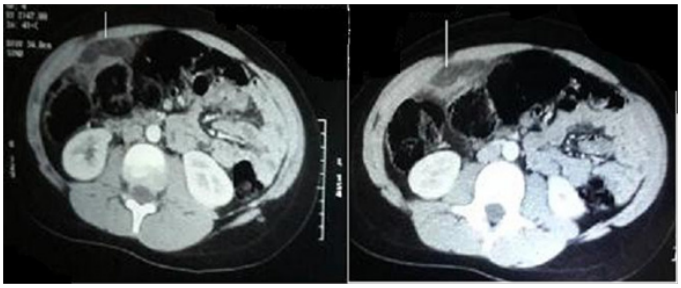

Figure 1 Abdominal computed tomography with contrast injection: the arrow shows necrosis of an epiploic fringe (appendagitis) in front of the left colon wall.

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Conflict of interest

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