AMSER Case of the Month
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30 year old male presenting with LLQ pain

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Patient Presentation

• 30 year old male
  • h/o appendicitis (appendectomy age 20), asthma, obesity, GAD
• Stabbing, sharp LLQ pain for 48 hours
• Worse with heavy lifting and movement
• No associated symptoms
• ROS negative
• Vitals WNL with exception of BP 145/78
• Physical exam showed periumbilical and LLQ tenderness to palpation
Pertinent Labs

• CBC – Normal
  • No signs of infection
• CMP – Normal
• Urinalysis – Normal
What Imaging Should We Order?
Select the applicable ACR Appropriateness Criteria

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Appropriateness Category</th>
<th>Relative Radiation Level</th>
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</thead>
<tbody>
<tr>
<td>CT abdomen and pelvis with IV contrast</td>
<td>Usually Appropriate</td>
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<tr>
<td>CT abdomen and pelvis without IV contrast</td>
<td>May Be Appropriate</td>
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<tr>
<td>MRI abdomen and pelvis without and with IV contrast</td>
<td>May Be Appropriate</td>
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<td>MRI abdomen and pelvis without IV contrast</td>
<td>May Be Appropriate</td>
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<td>US abdomen transabdominal</td>
<td>May Be Appropriate</td>
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<td>CT abdomen and pelvis without and with IV contrast</td>
<td>Usually Not Appropriate</td>
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<td>Fluoroscopy contrast enema</td>
<td>Usually Not Appropriate</td>
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<td>Radiography abdomen and pelvis</td>
<td>Usually Not Appropriate</td>
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<tr>
<td>US pelvis transvaginal</td>
<td>Usually Not Appropriate</td>
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</table>

This imaging modality was ordered by the ER physician.
Findings
Findings

CT findings:
- Fat dense ovoid lesion adjacent to the colonic wall
- Hyperdense rim of inflammation
- Fat stranding
- No colonic wall thickening
Final Dx:

Epiploic Appendagitis
Case Discussion

Epidemiology
- 8.8 cases per million per year
- Men > women
- 3rd to 5th decade of life

Classic Presentation
- Acute abdominal pain
- Localized to either right or left side
- +/- Peritoneal signs (appendage may adhere to the peritoneum)
- Rarely concurrent nausea/vomiting or changes in bowel habits
- 1/3 of patients have palpable mass
Case Discussion

Pathophysiology
• Venous occlusion of the epiploic appendage
• Torsion or spontaneous venous thrombus

Diagnostic
• CT is best test
• MRI / US considered if CT contraindicated

Treatment
• Self limiting
• Pain management and symptomatic relief
• Our patient - Morphine, Zofran, NSS bolus and DC’d with Vicodin
• No indication for antibiotics
Case Discussion

Clinical significance

• Mimics appendicitis and acute/recurrent diverticulitis
• Important to identify to avoid unnecessary antibiotic use and/or surgical intervention
• Unlike diverticulitis recurrence is rare
References:


