

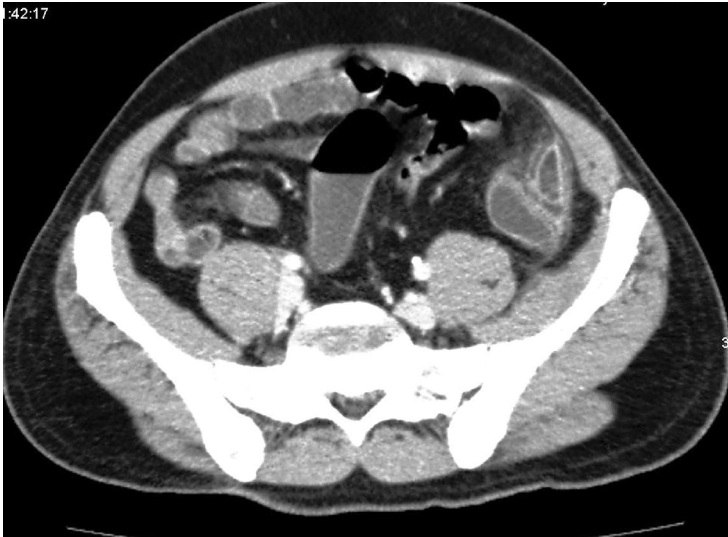
QUIZ 1

Submitted by: Sibtain Raza, Syed Shafqat Ul Islam, Kamal Anwar
Karachi X-rays and CT Scan/Ultrasound Center, Karachi. Pakistan.

PJR July - September 2008; 18(3): 100-101

Middle aged male patient presented with severe pain left lumbar region.

IMAGES



A



B

Questions

- Q1. What is the abnormality on CT images A & B?
- Q2. What is the most probable diagnosis?
- Q3. What are the possible differential diagnoses?
- Q4. What are the possible locations of this condition?

QUIZ 1

Answers

Answer 1: Axial contrast-enhanced CT scan shows fat-density lesion with surrounding hyperdense rim and inflammation (arrow) abutting the distal descending colon.

Answer 2: Acute Appendagitis

Answer 3: 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. Although an omental infarction can have an appearance similar to that of epiploic appendagitis, it lacks the hyperdense ring that is seen in epiploic appendagitis. The CT features of omental infarction typically consist of a right lower quadrant well-circumscribed non enhancing oval soft-tissue mass that is located deep relative to the anterior abdominal muscles.

Answer 4: The most common part of the colon affected by acute epiploic appendagitis in decreasing order of frequency is the sigmoid colon, descending colon, cecum, and ascending colon.

References

1. Singh AK, Gervais DA, Hahn PF, Rhea J, Mueller PR; Acute Epiploic Appendagitis and Its Mimics *RadioGraphics* 2005; **25**:1521–34.
2. Singh AK, Gervais DA, Hahn PF, Rhea J, Mueller PR. CT of acute appendagitis. *AJR Am J Roentgenol* 2004; **183**:1303–7.