Pain in the right lower quadrant (RLQ) of the abdomen is one of the most common causes for visiting the emergency room. Although acute appendicitis is one of the possible diagnoses, other conditions may have a similar clinical presentation (1). We report a 26-year-old male patient who presented to the emergency room with a 3-day history of nausea and progressive RLQ abdominal pain. Physical examination demonstrated a normal body temperature, decreased bowel sounds, moderate RLQ tenderness, diffuse abdominal guarding, and negative Murphy’s and McBurney’s signs. Laboratory work up showed leukocytosis. Abdominal and pelvic computed tomography (CT) with intravenous contrast demonstrated an oval lesion with fat attenuation and associated inflammatory changes within the RLQ adjacent to the wall of the ascending colon, representing a torsed epiploic appendix (Figure 1, arrow). In addition, a subtle area of high attenuation was noted within the lesion, as may be seen with venous thrombosis. More inferiorly, a normal appendix partially filled with contrast material was identified (Figure 2, arrow). These findings were consistent with acute epiploic appendagitis. The patient was treated with analgesics and the condition resolved over time. Acute epiploic appendagitis presents with acute lower abdominal pain, mimicking acute diverticulitis and acute appendicitis. Epiploic appendages are peritoneal pouches (composed of adipose tissue) arising from the serosal surface of the colon, being attached by a vascular stalk. Acute epiploic appendagitis results due to torsion of the epiploic appendages with resultant vascular occlusion leading to ischemia(2). Acute epiploic appendagitis is self-limited in the majority of the cases, with rare associated complications (1). The availability of multidetector CT for the evaluation of a patient with acute abdominal pain may lead to appropriate medical management, preventing unnecessary surgical procedures.

References


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