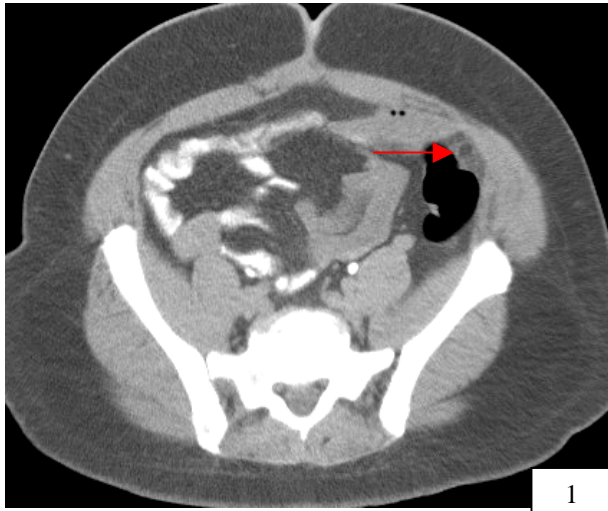


**INTERESTING CASE PRESENTATION**

**EPIPLOIC APPENDAGITIS**



**CLINICAL PRESENTATION:** A 39-year-old woman presented to her physician with left lower quadrant and left flank pain of a few days duration. The pain was sudden in onset and sharp in nature. The patient denied associated nausea, vomiting, diarrhea, constipation, or fever. The patient was referred to AIC where she underwent a **helical CT** scan of the abdomen and pelvis to rule out diverticulitis versus kidney stones.

**IMAGING FINDINGS:** **Figures 1** and **2** were obtained after the administration of oral and rectal contrast. They demonstrate a subtle fat density measuring about one centimeter in the left lower quadrant anterolateral to the descending colon below the abdominal wall. **Figure 2** better reveals the density. It is surrounded by a hyperattenuated rim that represents thickened visceral peritoneum. It contains a central high-attenuation pinpoint region that most likely represents thrombosed central vessels. There is some surrounding local inflammatory stranding. Importantly, there is no adjacent diverticulum or wall thickening to suggest diverticulitis. Based upon these findings, the patient was diagnosed with **epiploic appendagitis**.

**DISCUSSION:** Appendices epiploicae are longitudinally arranged projections of adipose tissue that extend from the colon surface into the abdominal cavity. They are pedunculated structures that are 1-2 cm thick and 3-5 cm long. In the average adult, they typically number between 50-100. Normally, appendices epiploicae are not visible on CT scan because they blend with surrounding fat. As a result of limited blood supply, shape and mobility, appendices epiploicae are prone to torsion and subsequent ischemia and infarction. Acute torsion results in a local inflammatory process called **epiploic appendagitis**. This condition clinically presents as localized abdominal pain in one of the lower quadrants, since the sigmoid colon and cecum are more common sites of involvement. Imaging such as CT scan can help differentiate this clinical presentation from acute appendicitis or diverticulitis.

For more information regarding the above or any other questions, please call me at (661) 255-0060.

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