AMSER Case of the Month
May 2021

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

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Pertinent Labs

- CBC – Normal
  - No signs of infection
- CMP – Normal
- Urinalysis – Normal

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What Imaging Should We Order?

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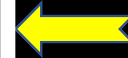
Select the applicable ACR Appropriateness Criteria

Variant 1: **Left lower quadrant pain. Suspected diverticulitis. Initial imaging.**

Procedure	Appropriateness Category	Relative Radiation Level
CT abdomen and pelvis with IV contrast	Usually Appropriate	☢☢☢
CT abdomen and pelvis without IV contrast	May Be Appropriate	☢☢☢
MRI abdomen and pelvis without and with IV contrast	May Be Appropriate	O
MRI abdomen and pelvis without IV contrast	May Be Appropriate	O
US abdomen transabdominal	May Be Appropriate	O
CT abdomen and pelvis without and with IV contrast	Usually Not Appropriate	☢☢☢☢
Fluoroscopy contrast enema	Usually Not Appropriate	☢☢☢
Radiography abdomen and pelvis	Usually Not Appropriate	☢☢☢
US pelvis transvaginal	Usually Not Appropriate	O



This imaging modality was ordered by the ER physician

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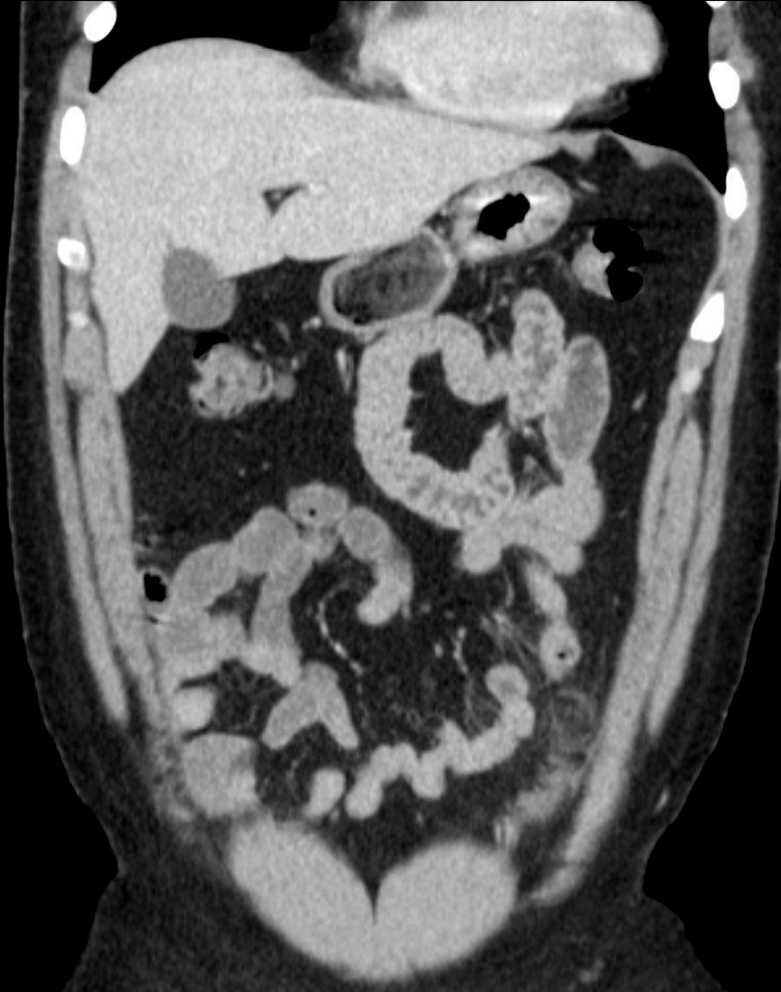
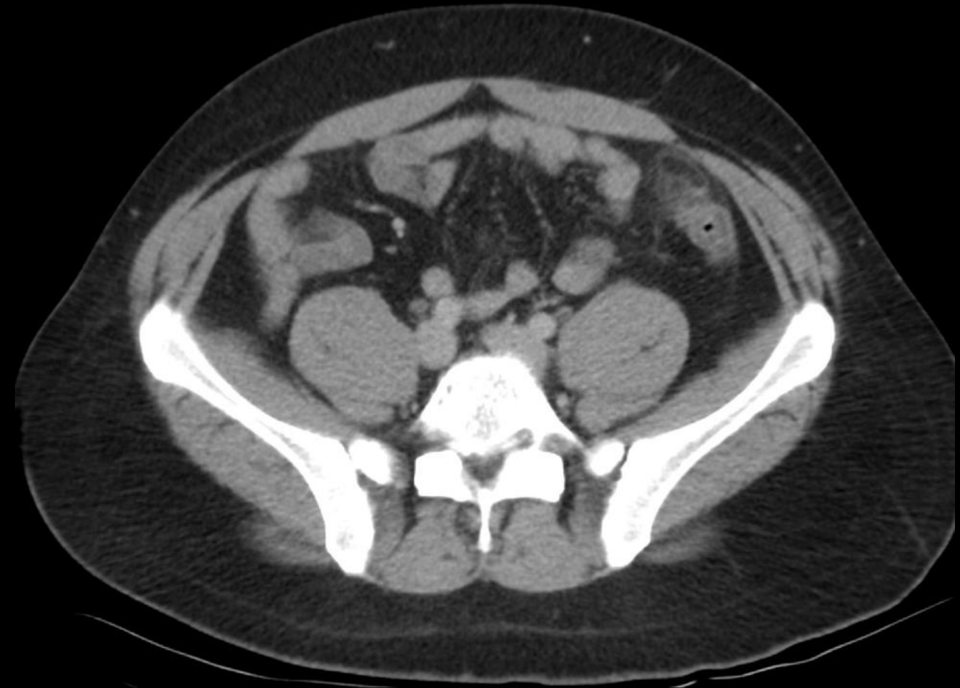
Findings





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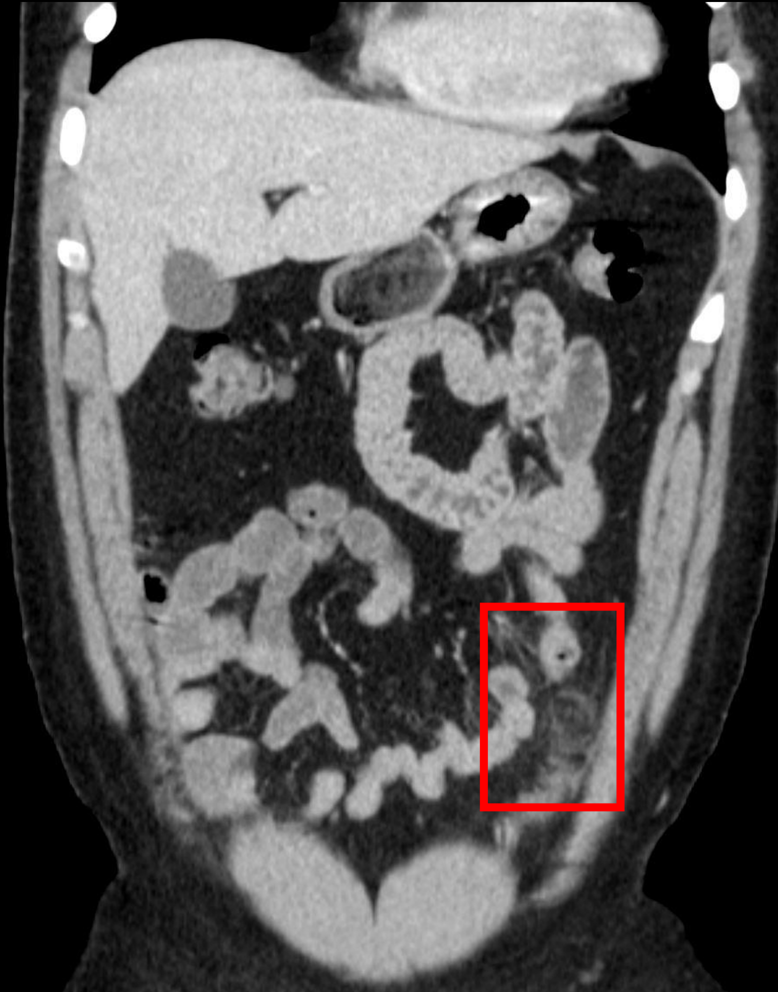
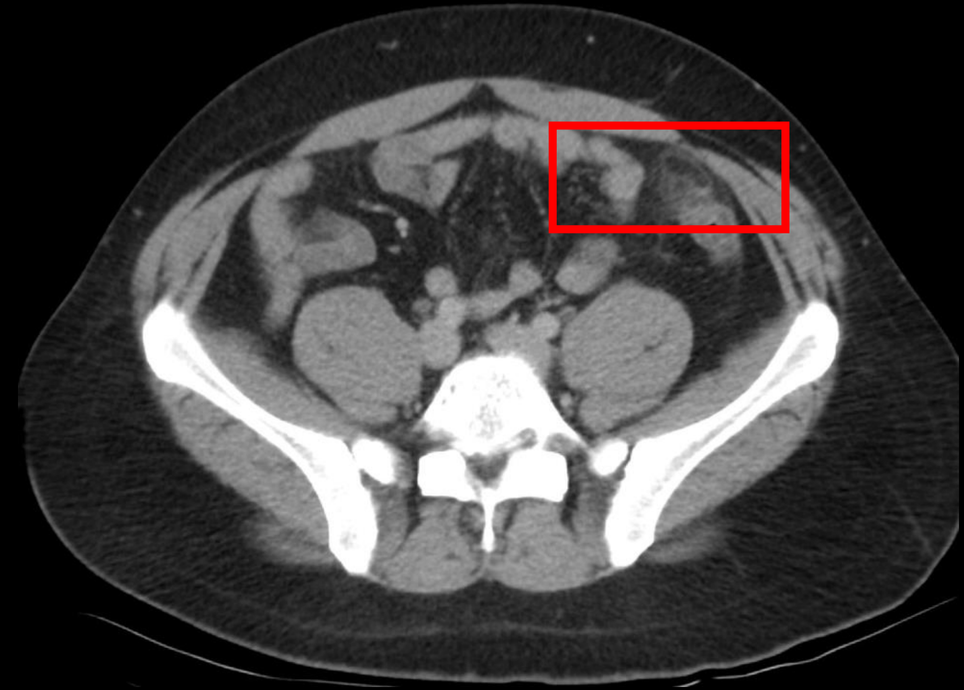
Findings





CT findings:

- Fat dense ovoid lesion adjacent to the colonic wall
- Hyperdense rim of inflammation
- Fat stranding
- No colonic wall thickening

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Final Dx:

Epiploic Appendagitis

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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

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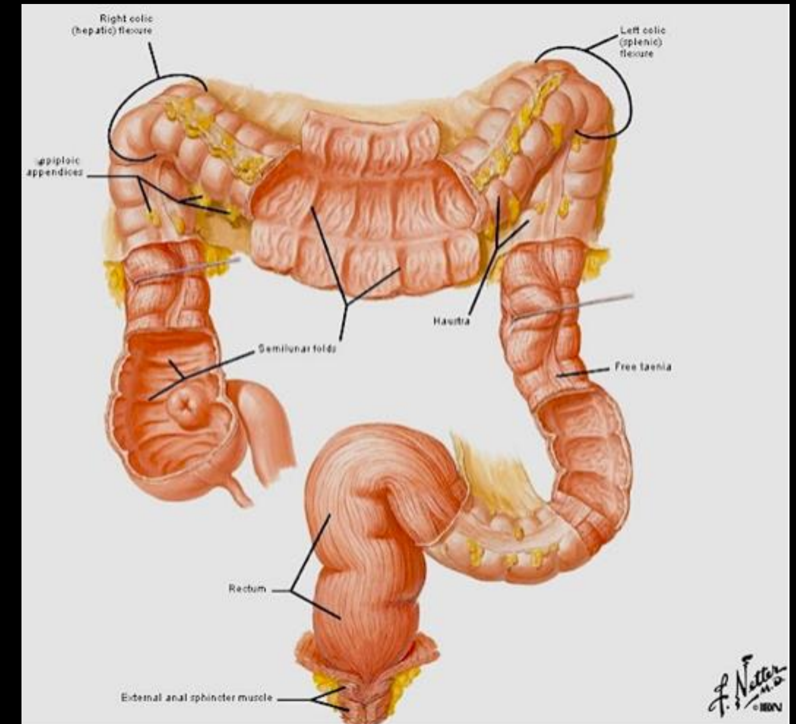
Case Discussion

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

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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

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