

Acute Appendagitis: An unusual cause of Acute abdomen

Zakaria ABIDE*, Selma KHOUCHOUA, Omar ELAOUFIR, Leila JROUNDI and Fatima Zahra LAAMRANI

Emergency Radiology, CHU IBN SINA, Rabat, Morocco

Abstract

Acute epiploic appendagitis is a rare but not exceptional pathology that has been brought out of anonymity by cross-sectional imaging. Its identification is easy in front of pathognomonic signs allowing a diagnosis of certainty and a management by a conservative treatment without hospitalization nor surgery.

Keywords: Appendagitis, acute abdomen, CT scan

Clinical Image

Acute epiploic appendagitis is an uncommon cause of abdominal pain [1]. It is a rarely reported condition (1.3% of abdominal pain explored by CT) caused by spontaneous torsion of one or more epiploic appendages.

Epiploic appendages (EA) are small, pedunculated, movable protrusions of fat located on the colonic wall and range in size from 0.5 to 5 cm. Although they can occasionally reach 15 cm in diameter [2]. They are found in the rectosigmoid junction (57%), ileocecal region (26%), ascending colon (9%), transverse colon (6%) and descending colon (2%) [1]. Their vascularization is precarious from that of the colon.

Epiploic appendagitis can be primary or secondary. Primary epiploic appendicitis is caused by spontaneous torsion or venous thrombosis of the involved epiploic appendix. Secondary epiploic appendage is associated with inflammation of adjacent organs, such as diverticulitis, appendicitis or cholecystitis [2].

The consequence of infarction (of venous origin) is fat necrosis at the origin of a lipophagic resorption reaction. This may become chronic by a nodular fibrous transformation and calcification realizing the aspect of "peritoneal mouse" mobile in the peritoneal cavity [3].

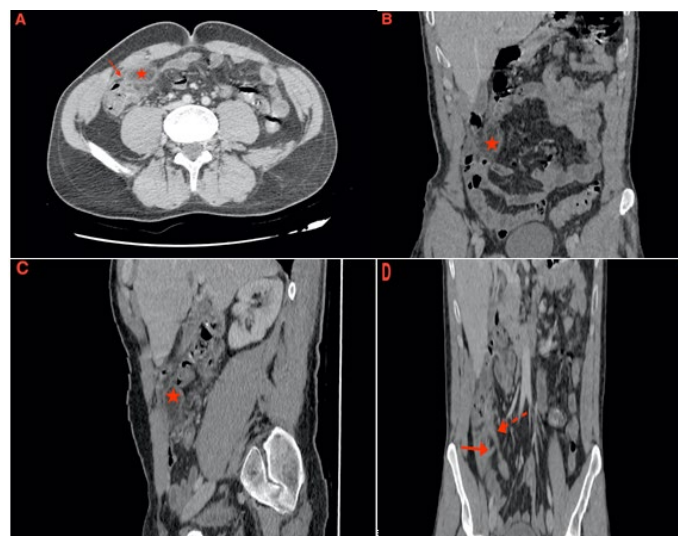


Figure 1: Injected CT sections: axial (A) with coronal (B) and sagittal (C) reconstruction: Infiltration of the peri-caecal fat centered on an oval image (red star) with a hypodense fat center surrounded by a thin ring enhanced after injection. Axial CT section (D) showing normal appearance of the latero-caecal vermicular appendix (continuous arrow) and the last iliac loop (discontinuous arrow).

Patients with epiploic appendagitis most often present with constant abdominal pain, often persistent variable in location and rarely associated with accompanying signs. The biology is aspecific [1].

Improved imaging techniques including ultrasound and computed tomography (CT) have increased the possibility of making a correct diagnosis of EA before surgical indication [2].

On CT scan, the lesion appears as a fatty mass connected to the serosal surface of the colon, in most cases less than 5 cm in diameter, of higher density than normal fat in its center with an oval "shuttle" shape, bounded by a thin ring taking contrast after injection [3].

Appendagitis is a self-limiting condition and conservative treatment with analgesics is usually sufficient [1] (Figure 1).

Conflict of Interest

The authors are contributed equally and declare no competing interest

Guarantor of Submission

The corresponding author is the guarantor of submission

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*Corresponding author: Zakaria ABIDE, Emergency Radiology, CHU IBN SINA, Rabat, Morocco, E-mail : abidedr1@gmail.com

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