43 yr old man with LLQ abd pain and groin pain

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Epiploic Appendagitis
• acute inflammation or infarction of epiploic appendages
• occurs in all age groups; more so in obese individuals
• LLQ > RLQ; Rectosigmoid (57%), ileocecal (26%), ascending (9%)
• present with abd pain and guarding → indistinguishable from diverticulitis and appendicitis
• WBC count usually normal
• Rarely diagnosed clinically but highly characteristic CT features
Epiploic Appendagitis

Imaging Findings:
• 1-4 cm, ovoid, fat-density paracolic lesion with adjacent fat stranding
• Thickened/compressed bowel wall, thickened visceral and parietal peritoneum
• ± central "dot" of increased attenuation within inflamed appendage (thrombosed vein)

Management:
• conservative management with NSAIDs for pain control
• self-resolving within 1-2 wks

Differentials:
• diverticulitis
• appendicitis
• colitis
• omental infarction
References

• www.my.statdx.com