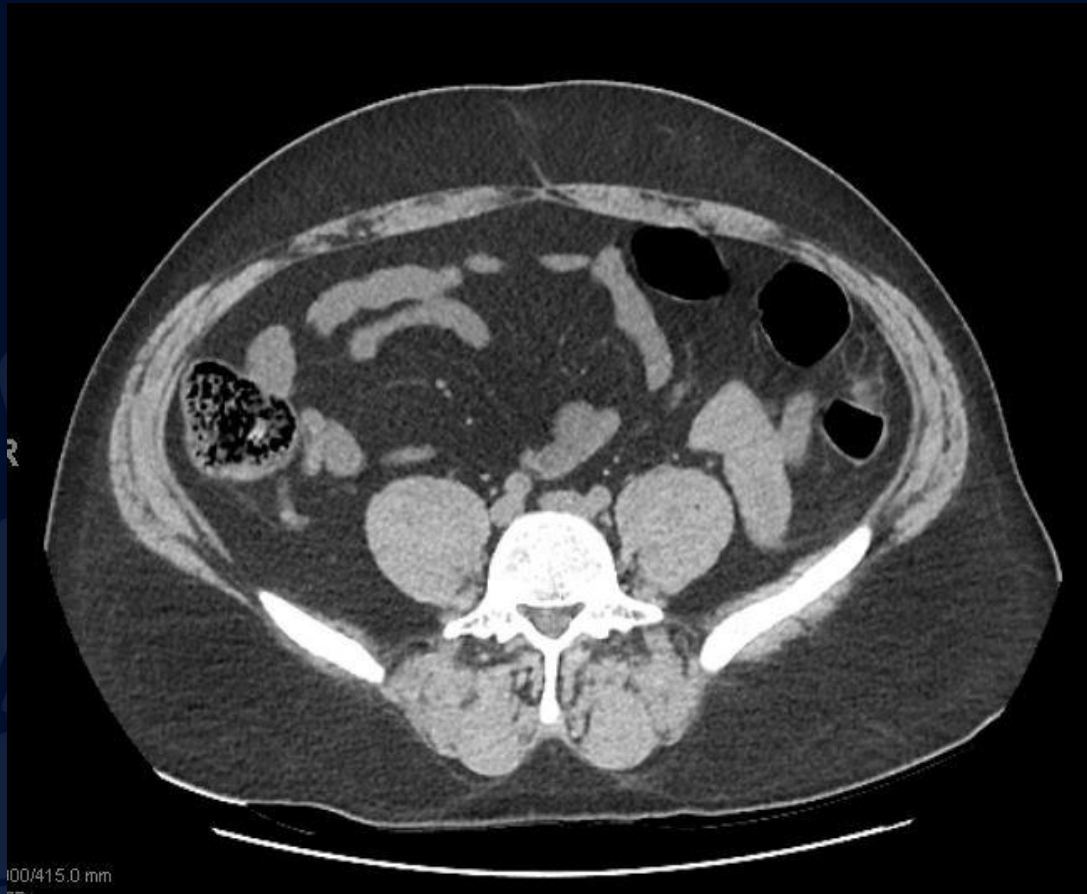


# 43 yr old man with LLQ abd pain and groin pain

Allan Zhang, DO

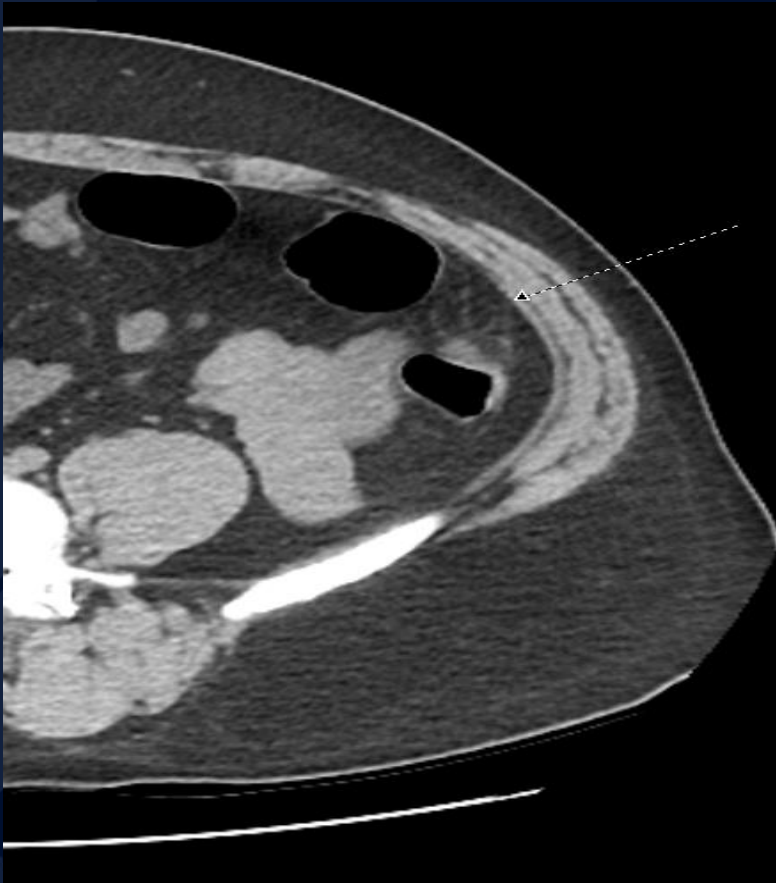


100/415.0 mm

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off, with a scalloped edge.

?

# 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

# Epiplonic 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](http://www.my.statdx.com)