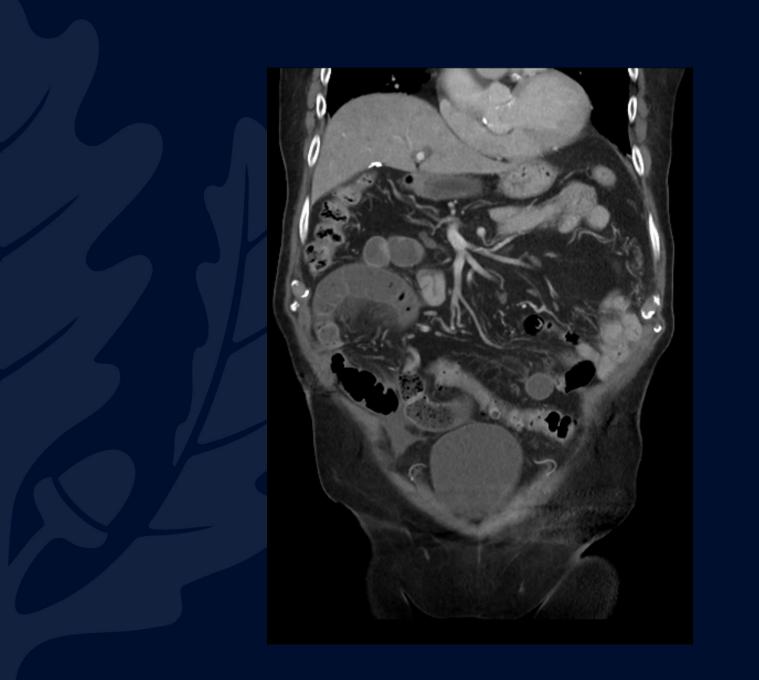
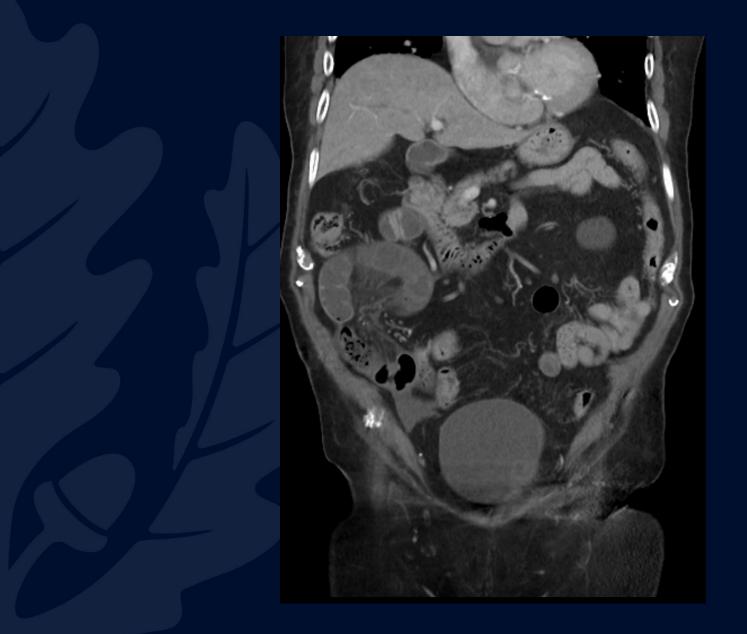
91 year old male presents with acute abdominal pain, nausea and vomiting

Elena G. Violari MD

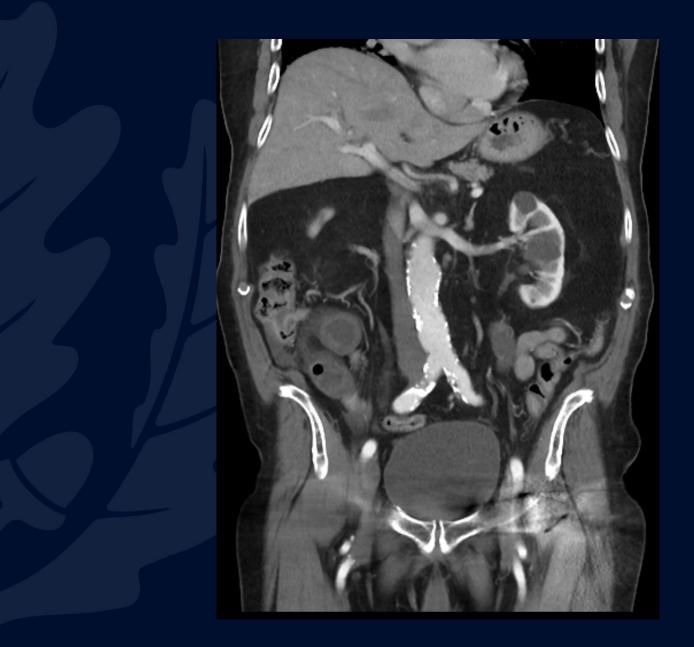






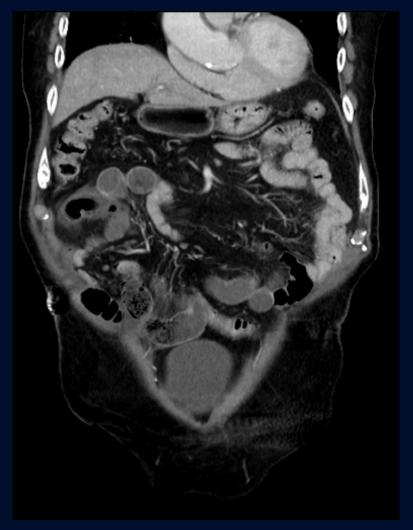












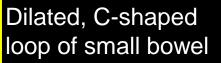




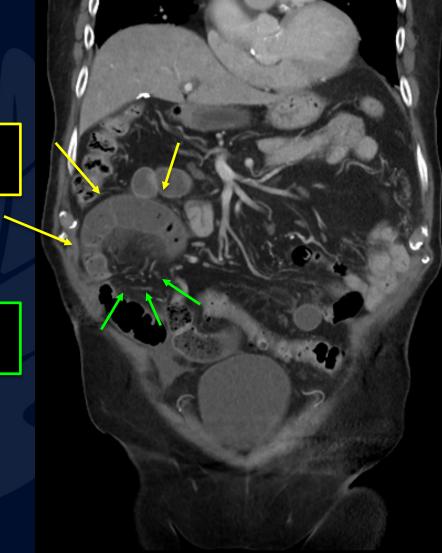


Closed Loop Small Bowel Obstruction

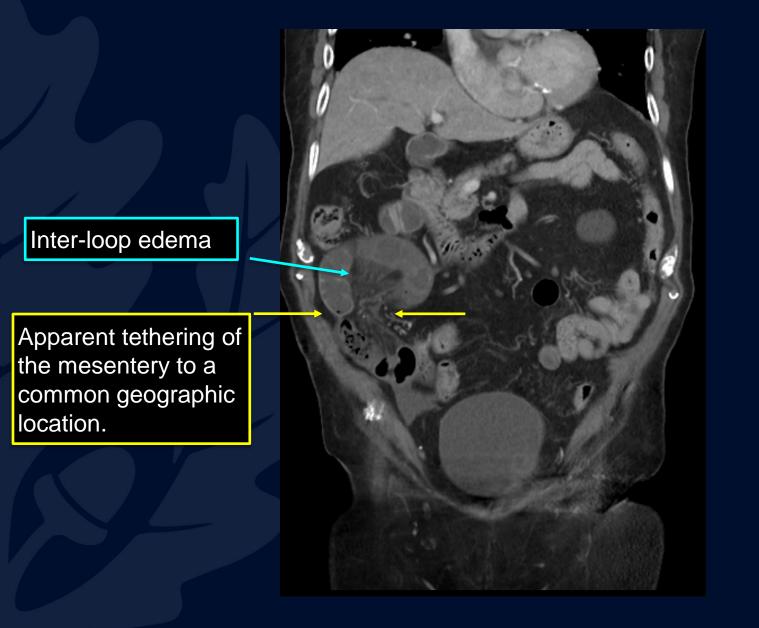




Dilated, congested mesenteric veins.









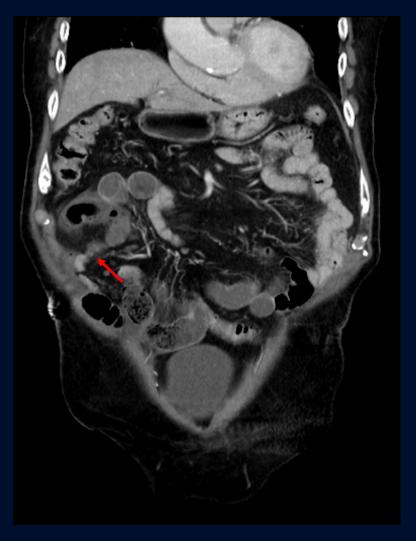
Target or Halo sign suggesting ischemia: Bowel wall thickening with mural edema surrounding mucosal hyperemia.







Two transition points located close in space.





Closed Loop Small Bowel Obstruction

- •An obstruction in which two points along the course of a bowel are obstructed at a single location thus forming a closed loop.
- Patients present clinically with signs of obstruction: abdominal pain, nausea/vomiting, abdominal distension.
- Most often due to adhesions, a twist of the mesentery, or internal herniation.
- Small bowel equivalent of colonic volvulus.
- High risk of strangulation and bowel infarction with a mortality rate of 10-35% = A SURGICAL EMERGENCY



Closed Loop Small Bowel Obstruction

• Findings on CT:

- Dilated C-shaped or U-shaped loop of small bowel.
- •Beak sign tapering of the dilated small bowel loop to decompressed small bowel = a transition point.
- •Two transition points close in space suggesting a single adhesive band or an internal hernia as the etiology.
- Whirl sign tightly twisted mesentery.
- Dilated/congested mesenteric veins associated with the obstructed loop.



Closed Loop Small Bowel Obstruction

• Signs of strangulation/ischemia:

- Bowel wall thickening/edema.
- •Halo or target appearance of the bowel wall, with a ring of hypoenhancement surrounding an inner ring of hyper-enhancement on axial cuts, representing hyperemia and hyperemia of the mucosa surrounded by mural edema.
- Pneumatosis intestinalis air locules within the bowel wall.
- Inter-loop edema.



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