33 year-old male with 3 days of progressive RLQ pain

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Axial CECT
Coronal CECT
Sagittal CECT
Epiploic Appendagitis
Axial (left) and coronal (right) CECT images showing a round tubular structure (arrow) surrounded by fat stranding and edema in the RLQ, confirmed at surgery to be calcified epiploica
• Operative findings: normal appendix
• Hard, ischemic, and calcified ball consistent with an infarcted epiplioc appendage, nestled against the anterior abdominal wall in the RLQ
• There was no significant intraperitoneal free fluid
Epiplioic Appendagitis

- Rare: estimated incidence 8.8 per 1 million. Presents second to fifth decades of life with a mean age at diagnosis of 40 years.
- Common mimic of appendicitis or diverticulitis: segment of infarcted antimesenteric epiploica usually due to thrombosis or torsion.
- US findings: round homogenous hypoechoic mass with a surrounding hyperechoic border.
- CT with contrast: tubular fat-density structure surrounded by hyperdense border. Internal hyperdense dot represents thrombosed vascular pedicle. Associated inflammatory fat stranding.
- Chronically, may calcify or detach and result in peritoneal “mouse”
- Routine treatment involves NSAIDS with self-resolution—NOT SURGERY!
References


