

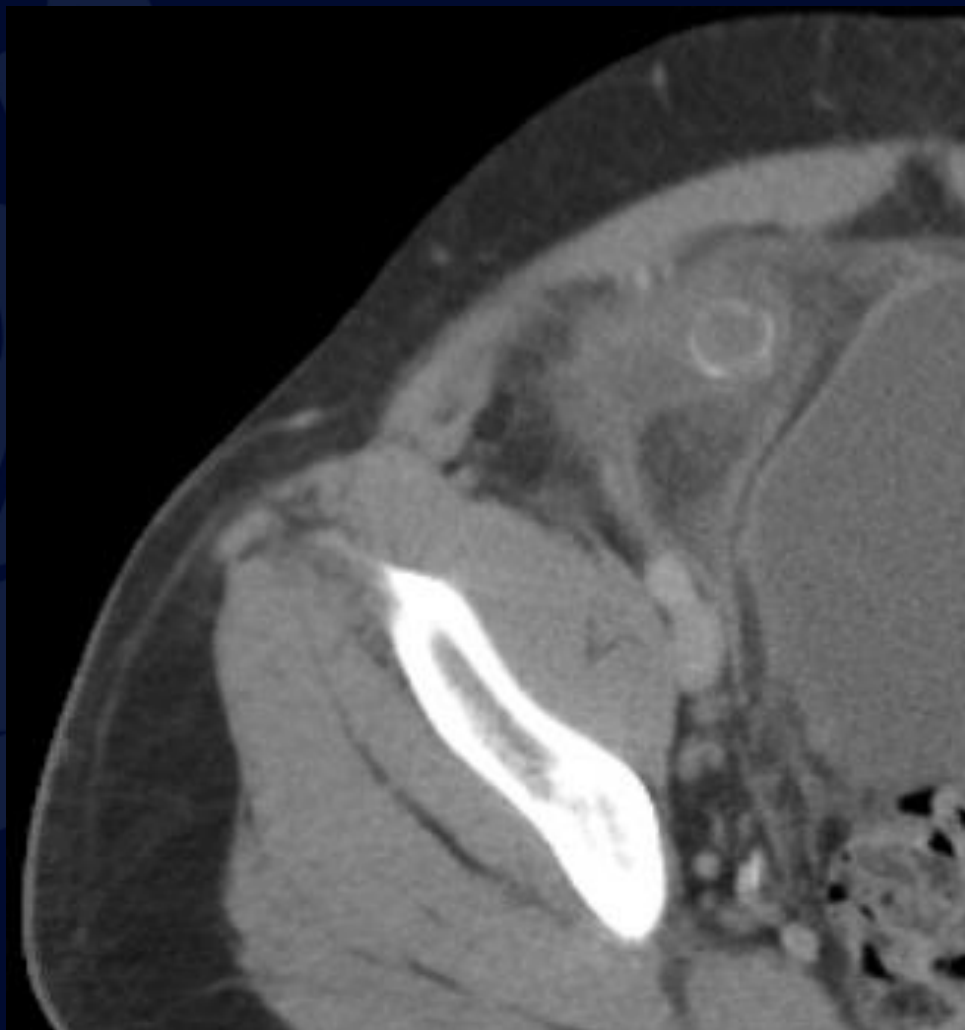
33 year-old male with 3 days of progressive RLQ pain

Forrest Mahony, MS3

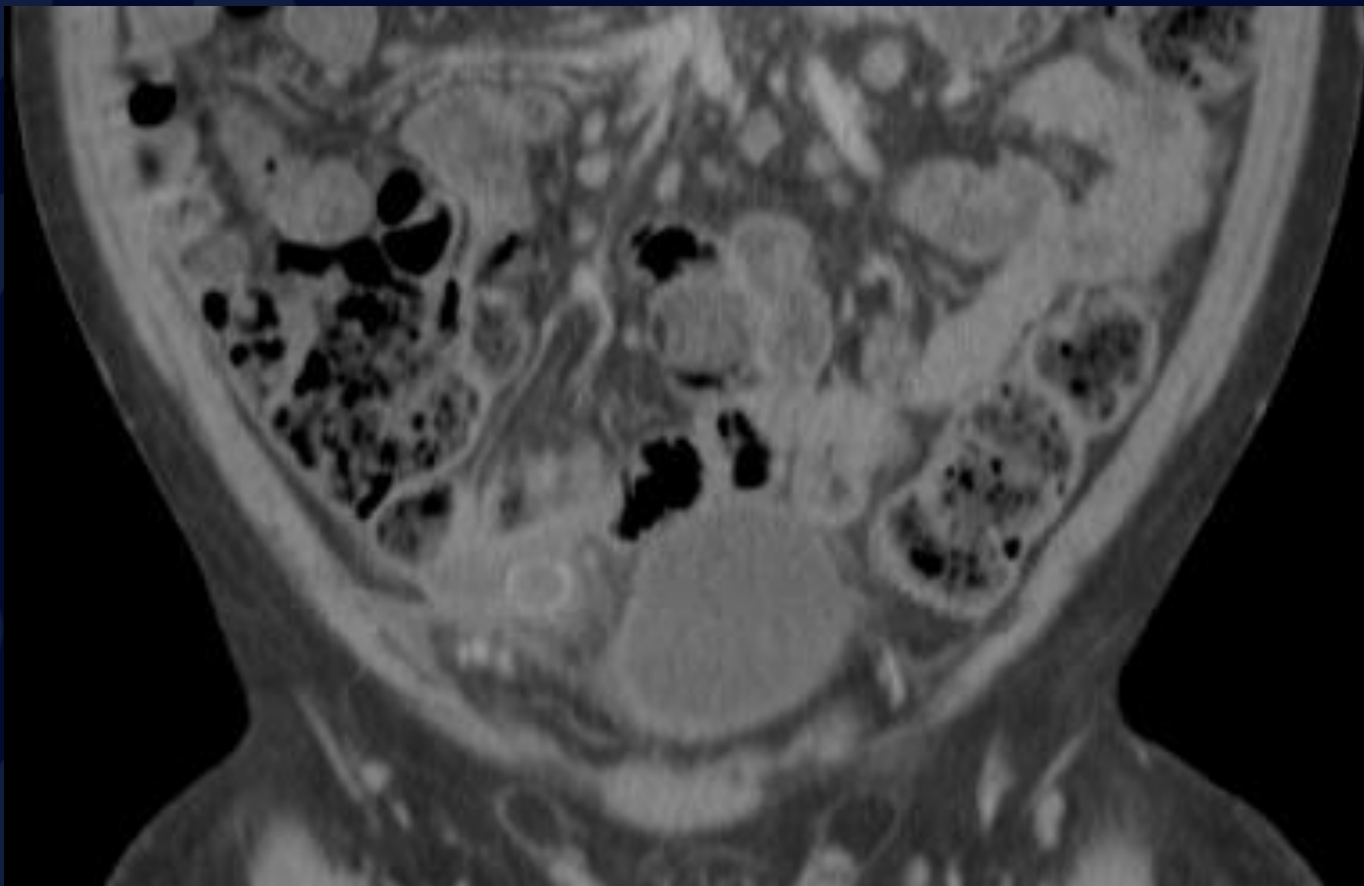
Edward Gillis, DO

Daniel Chen, MD

Axial CECT



Coronal CECT



Sagittal CECT

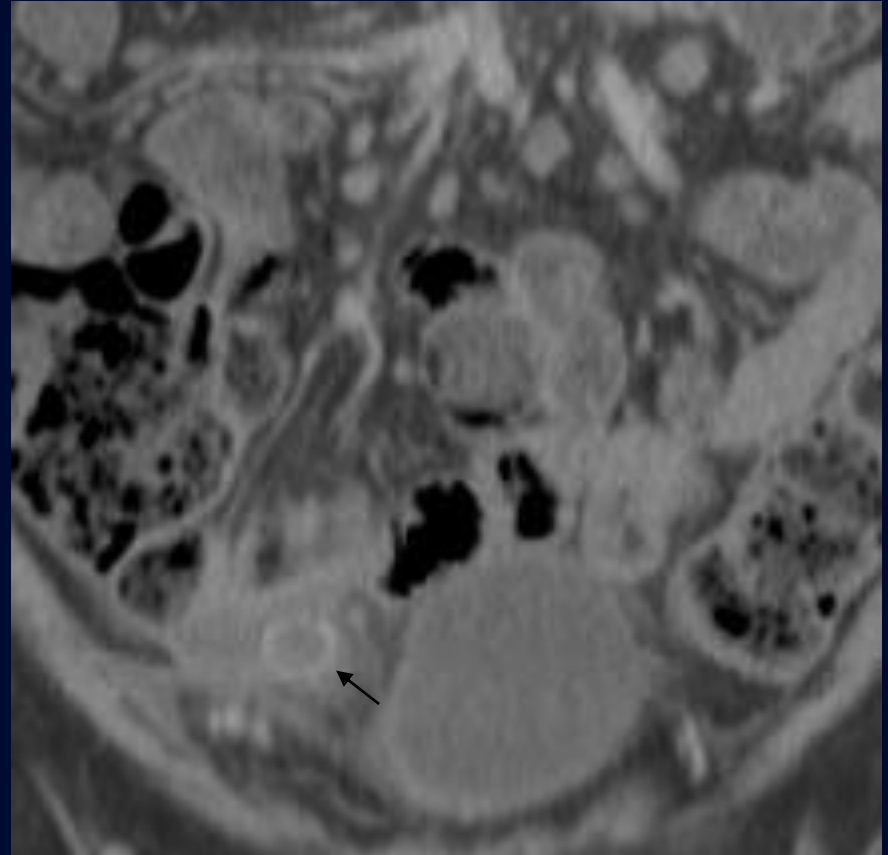
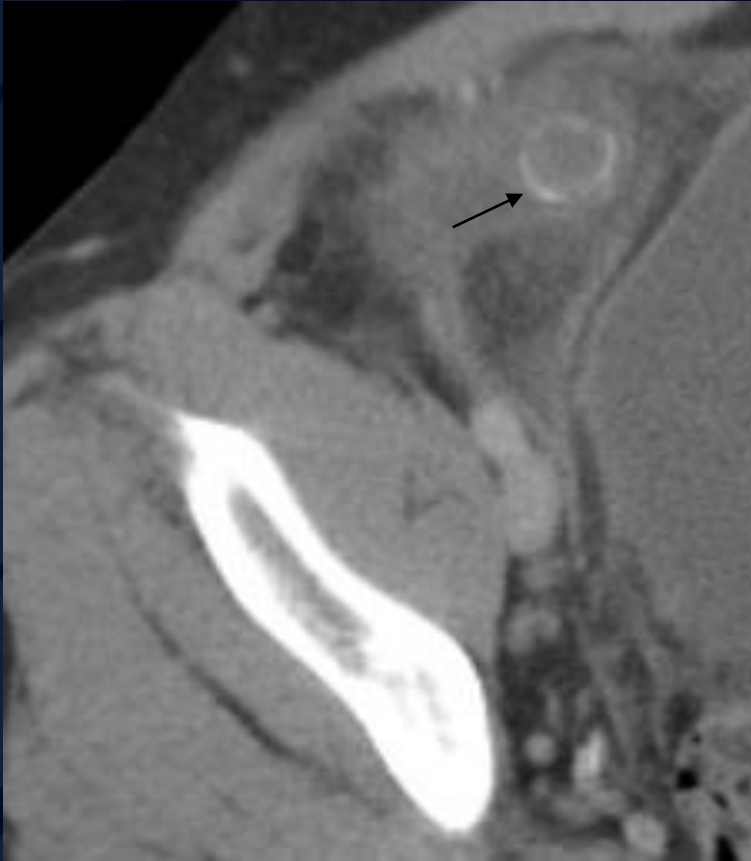




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Epiploic Appendagitis



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 epiploic appendage, nestled against the anterior abdominal wall in the RLQ
- There was no significant intraperitoneal free fluid

Epiploic 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

1. Görg, C, et al. “Contrast-Enhanced Ultrasound of Epiploic Appendagitis.” *Ultraschall in Der Medizin - European Journal of Ultrasound*, vol. 30, no. 02, 2009, pp. 163–167., doi:10.1055/s-2008-1027891.
2. Ozdemir, Suleyman, et al. “Torsion of the Primary Epiploic Appendagitis: a Case Series and Review of the Literature.” *The American Journal of Surgery*, vol. 199, no. 4, 2010, pp. 453–458., doi:10.1016/j.amjsurg.2009.02.004.
3. Redmond, Paul, et al. “Epiploic Appendagitis.” *Pediatric Emergency Care*, vol. 31, no. 10, 2015, pp. 717–719., doi:10.1097/pec.0000000000000565.
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