

60-year-old female presenting
with 12-hour history of sudden
onset, sharp, left lower quadrant
abdominal pain

Javier Licardie, MS3

CT



CT



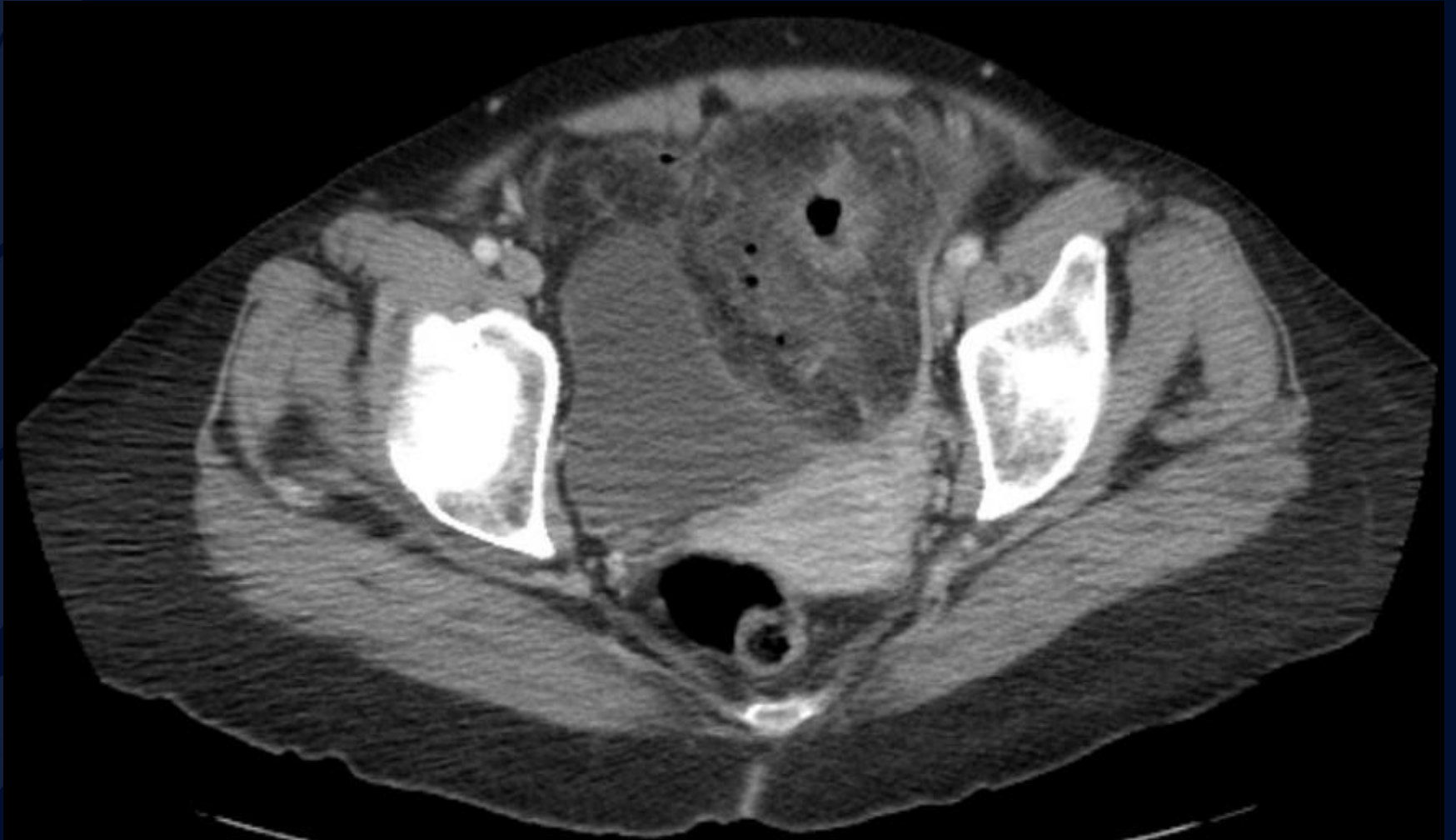
CT



CT



CT

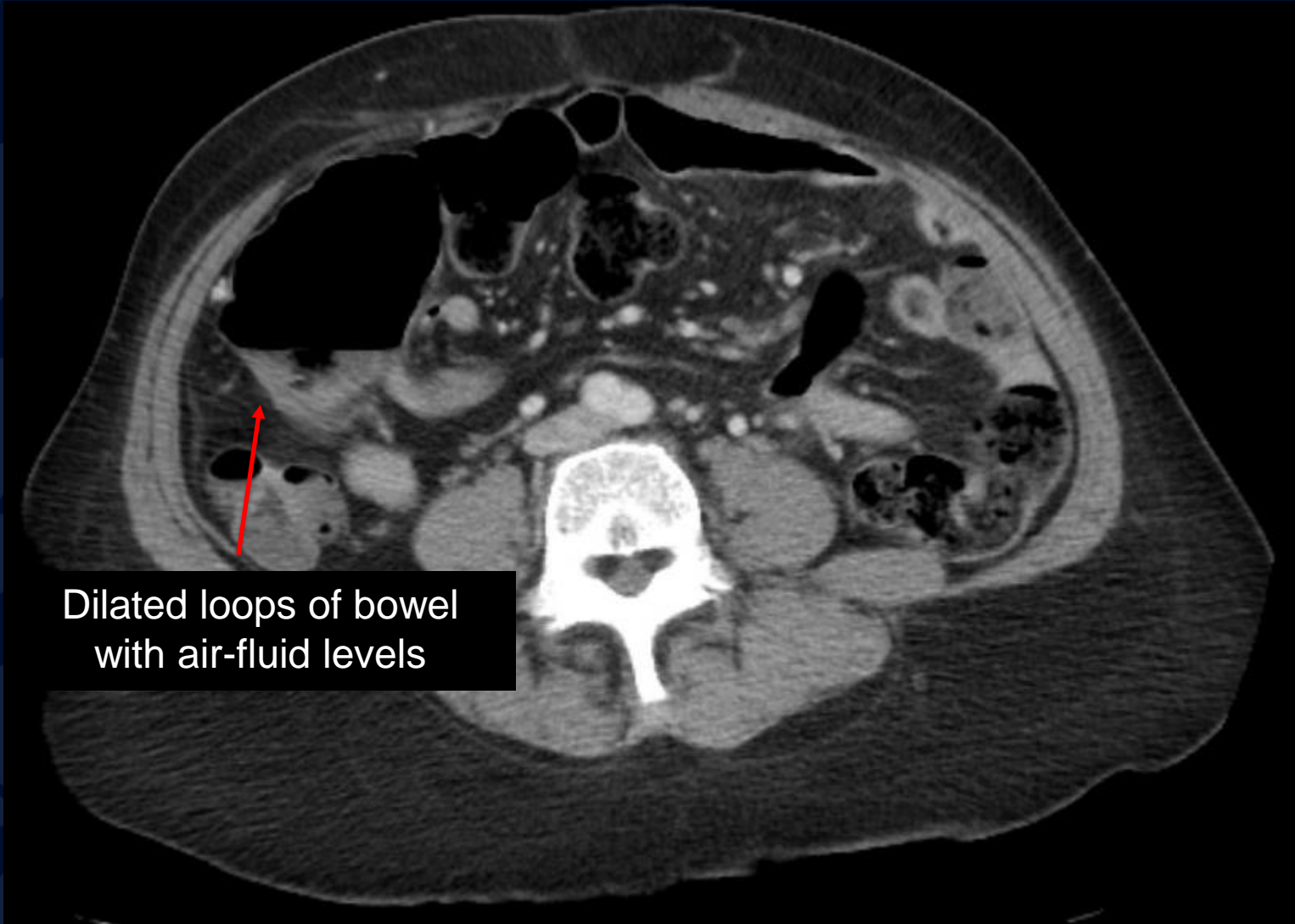


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

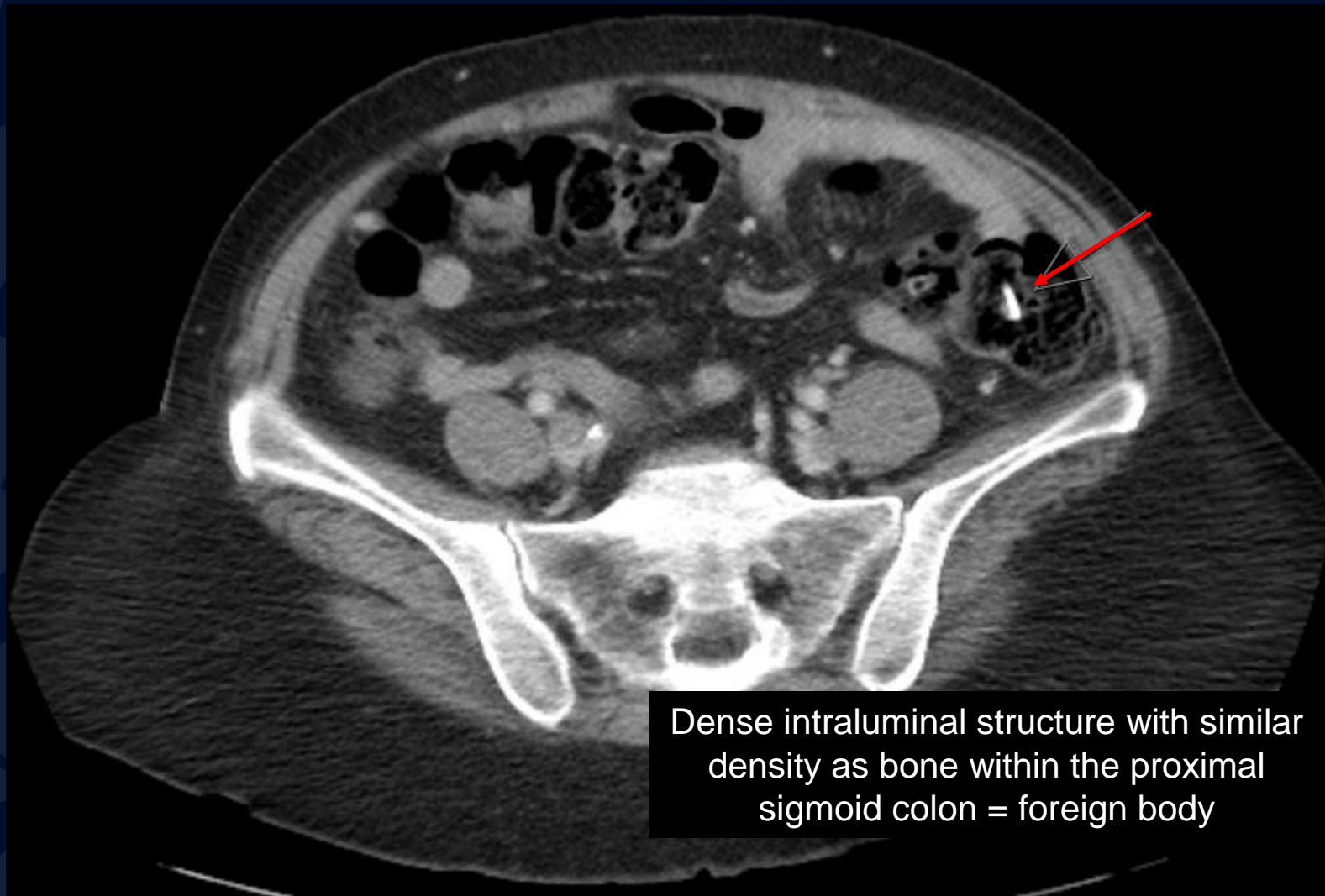
Sigmoid Colon Perforation

CT



Dilated loops of bowel
with air-fluid levels

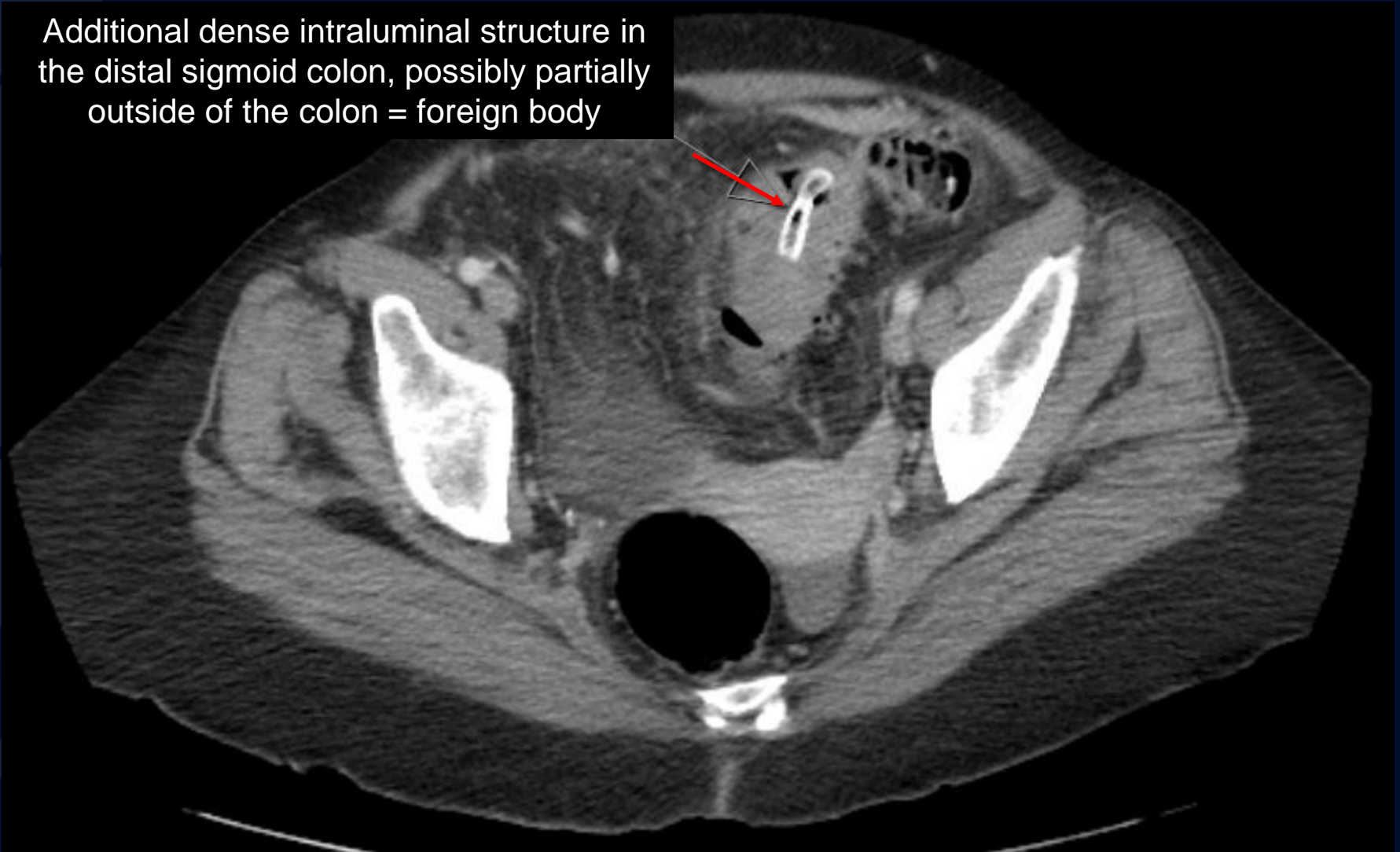
CT



Dense intraluminal structure with similar density as bone within the proximal sigmoid colon = foreign body

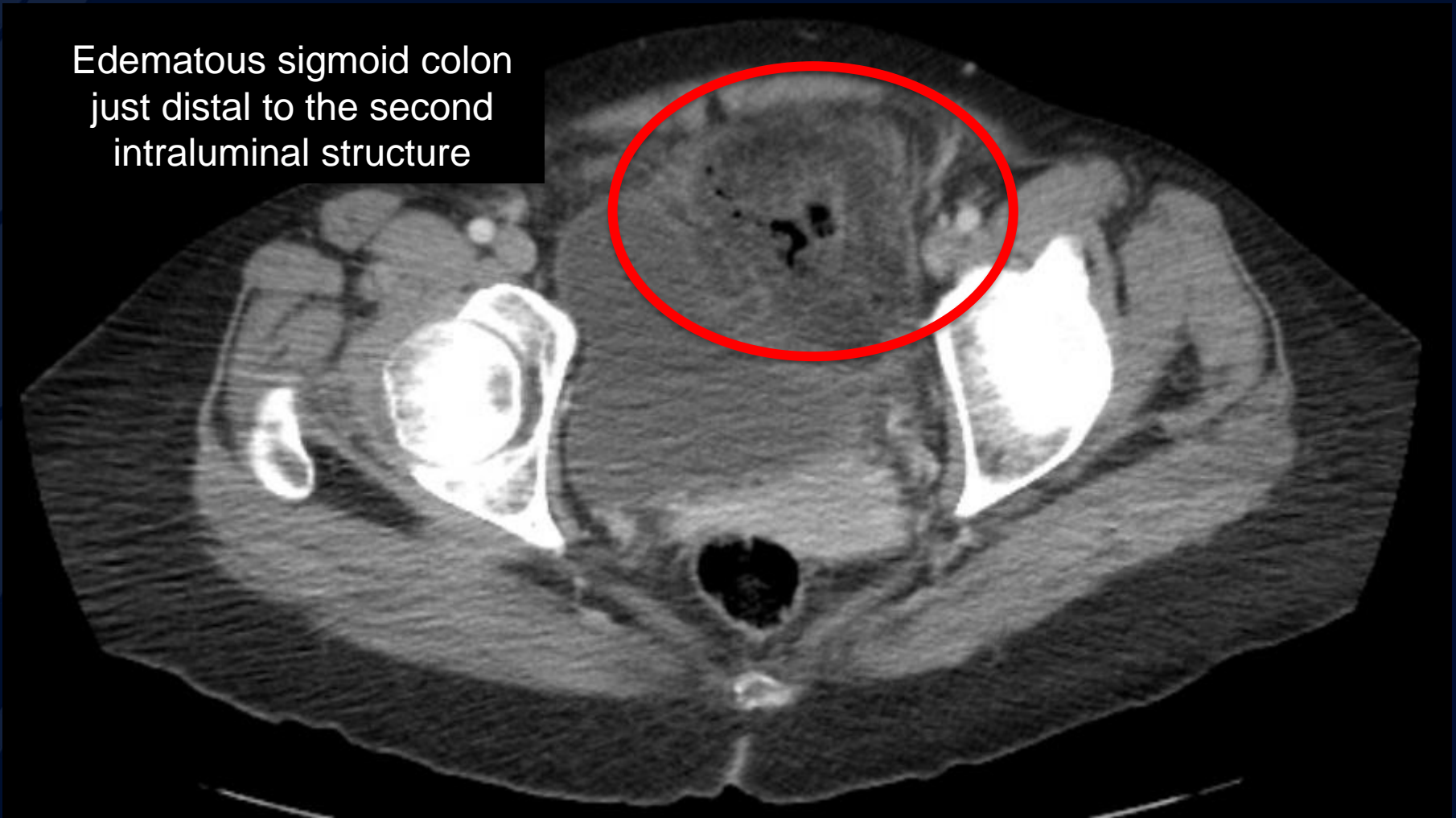
CT

Additional dense intraluminal structure in the distal sigmoid colon, possibly partially outside of the colon = foreign body



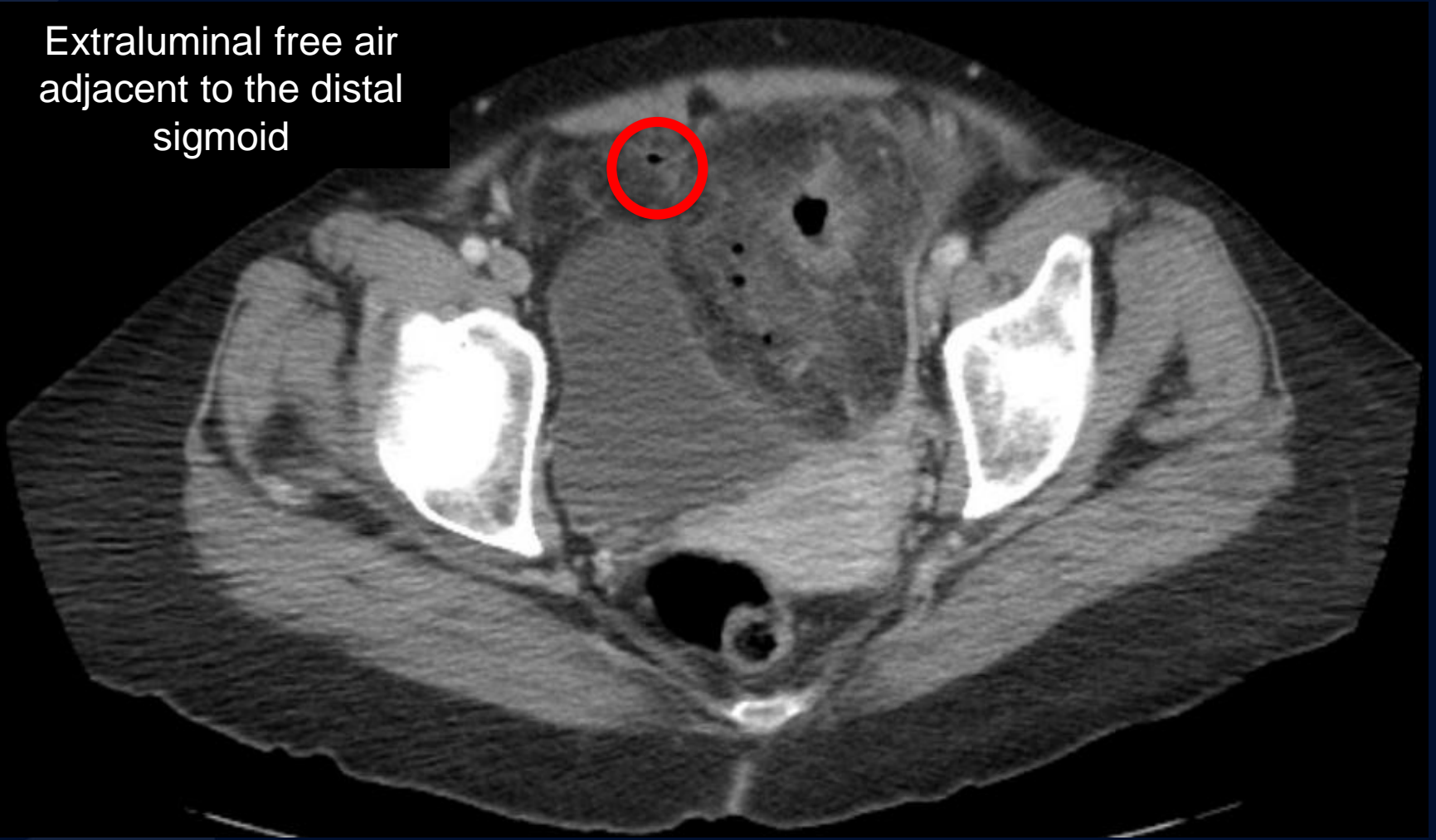
CT

Edematous sigmoid colon
just distal to the second
intraluminal structure



CT

Extraluminal free air
adjacent to the distal
sigmoid



Bowel Perforation

Presentation

- Sudden onset, severe abdominal pain, more specific symptoms depending on location of perforation

Imaging

- Abdominal radiograph
 - 50 to 70% sensitivity for free air
 - Does not localize the perforation
- Abdominal CT
 - Can quantify amount of extraluminal gas
 - Helps identify the location and/or source of the perforation
 - Fistula or abscess formation if delayed treatment

Treatment

- Exploratory laparotomy, particularly if signs of sepsis, bowel ischemia, or bowel obstruction
- Broad spectrum antibiotics

References

- Odom, S.R., Weiser, M., Raghavendran, K., and Chen, W. (2023). Overview of Gastrointestinal Tract Perforation. In T.W. Post, P. Rutgeerts, & S. Grover (Eds.), *UptoDate*. Available from: https://www-uptodate-com.online.uchc.edu/contents/overview-of-gastrointestinal-tract-perforation?search=bowel%20perforation&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H75619939