# 76-year-old female presenting with 1-day history of abdominal pain

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#### CT Coronal IV Contrast



#### CT Sagittal IV Contrast





### 6 hr post oral contrast

### Abdominal Radiograph









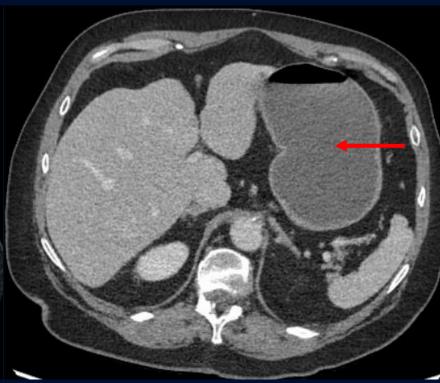


## Small Bowel Obstruction





Decompressed small bowel entering and exiting ventral hernia



Stomach distension

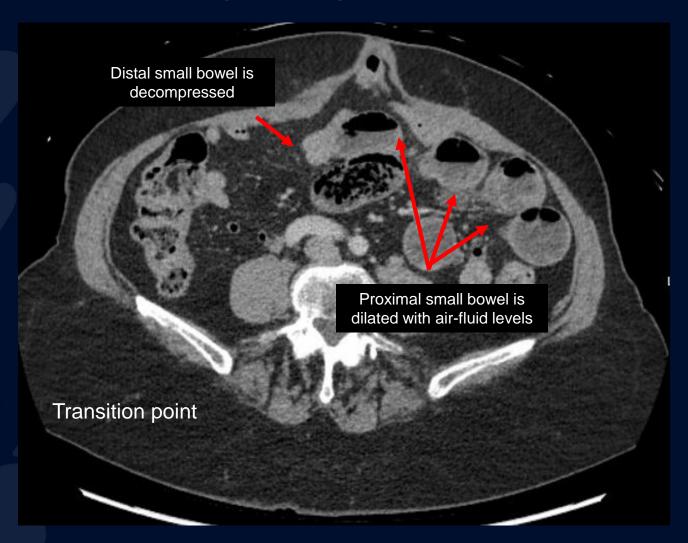






**Duodenal distension** 







#### CT Coronal IV Contrast

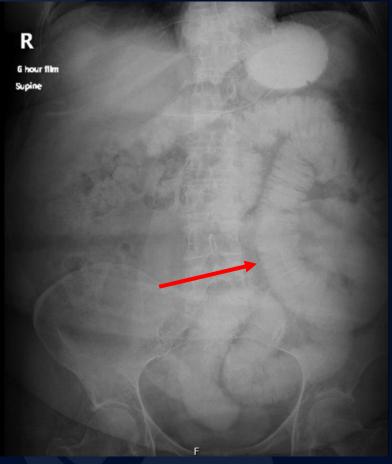


#### CT Sagittal IV Contrast



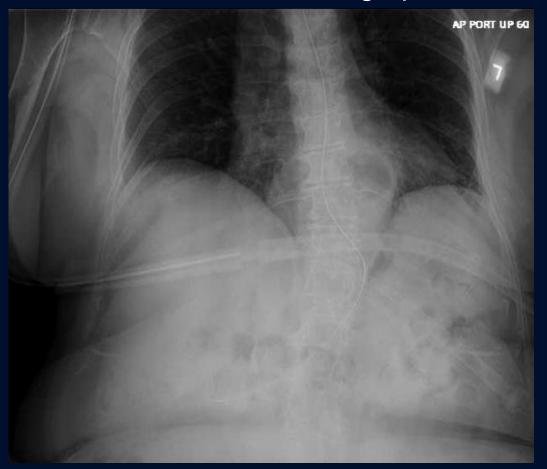


#### 6 hr post oral contrast



Contrast filling small bowel on the left; no contrast reaches small intestine on the right

#### Abdominal Radiograph



No pneumoperitoneum

Tube advances to the pylorus but does not cross back over midline



## Imaging Findings

#### Radiograph

Dilated small bowel loops with air-fluid levels on upright view

#### CT

- Dilated small bowel loops measuring >2.5 cm +/- air fluid levels
- Identification of transition zone between dilated and collapsed bowel
- SB feces sign- gas bubbles mixed with particulate matter in dilated loops just proximal to site of obstruction
- In the case of closed loop obstruction, there will be 2 obstruction points and involvement of the mesentery
  - Beak sign: fusiform tapering at point of obstruction

#### Results from 2019 meta-analysis on use of CT to diagnose SBO

- Overall specific & sensitive test (89% and 91%), slightly higher than Radiology's 2015 estimate of 83% & 82%
  - IV contrast does not impact this, nor does slice thickness
  - Transition points are a little harder to rule in
    - Specificity 77%, sensitivity 92%



## References

Li Z, Zhang L, Liu X, Yuan F, Song B. (2019). Diagnostic utility of CT for small bowel obstruction: Systematic review and meta analysis. PLoS One. 14(12). PMID 31887146

Paulson E, Thompson W. (2015) Review of small-bowel obstruction: the diagnosis and when to worry. Radiology. 275(2). https://doi.org/10.1148/radiol.15131519

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