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Clinical Image

Appendicitis Epiploica as a Second Reason for a Left Sided Appendicitis

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A 70-year-old man presented with persistent, diffuse left-sided pelvic pain in the internal emergency room of our house. At the same time he reported diarrhoea and a complicated micturition.

The clinical laboratory parameters as well as the initial clinical examination were unremarkable except for severe abdominal left abdominal pain. An abdominal ultrasound showed a small echo-poor ovarian lesion in the region of the maximum pain point in the left lower abdomen, as well as hyperechoic imbibed adipose tissue (Figure A, white arrow) with increased vascular signals in Doppler (not shown). Despite the missing sonographic evidence of a diverticulum, a computed tomography of the abdomen was performed in cases of initial suspicion of diverticulitis. Here a short wall thickening was found in the descend sigmoid junction with evidence of a focal oblong fat equivalent lesion with surrounding adipose tissue embedding and low surrounding fluid with no evidence of acute perforation or perifocal abscess formation (Figure B [axial], C [coronary] and D [sagittal], white arrows). Correlating to sonography, no diverticulum detection was found. The suspicion of an appendicitis epiploica was made and the decision was made to continue conservative therapy. The patient received antibiotic therapy for five days and was then discharged with subjective improvement in symptoms and without signs of infection in the outpatient follow-up.

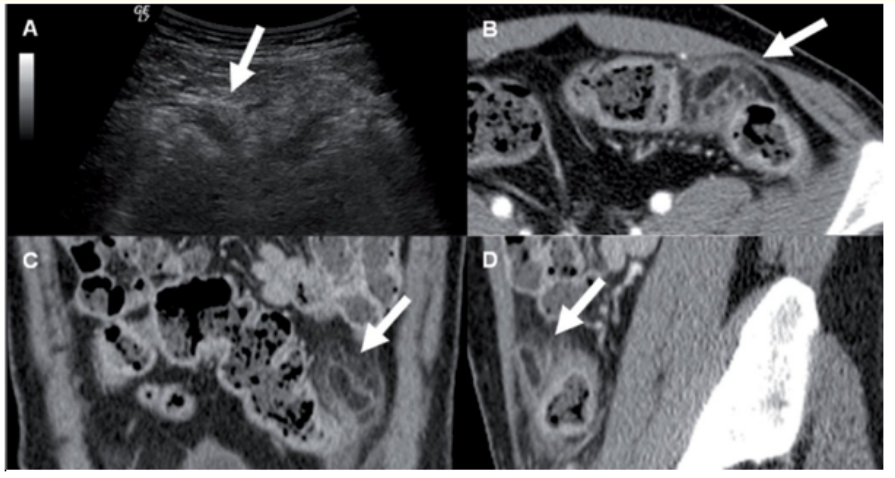

Figure 1

The appendicitis epiploica is an inflammation of the visceral peritoneum, a free-ending fat appendage (so-called appendix epiploicae) found along the taenia libera and taenia omentalis of the colon. Most torsion with resulting thrombosis and gangrene causes acute inflammation. As a rule, the appendicitis epiploica itself is limiting, the diagnosis is made in the acute situation usually by sonography or computed tomography; Laboratory values are usually inconspicuous. The most important differential diagnosis especially in older patients is the diverticulitis.

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