AMSER Case of the Month February 2018

73 year old female with abdominal pain

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HPI and Medical History

- <u>CC/HPI:</u> 73 yr old female presents with constant lower abdominal pain and aching (1 week), with decreased flatulence.
- Past Medical Hx: diabetes
- Past Surgical Hx: bilateral below the knee amputations
- Vitals: BP: 182/78, HR: 95, Temp: 99.2 F (oral), RR: 18, SpO2: 100%, Height: 5'2, BMI: 53.81 kg/m²



Physical Exam

- <u>Abdomen:</u> Moderately distended and diffusely tender; no rebounding or guarding
- Otherwise physical exam is non-contributory



What radiologic study should we order?



ACR Appropriateness criteria for Acute **Abdominal Pain and Fever**

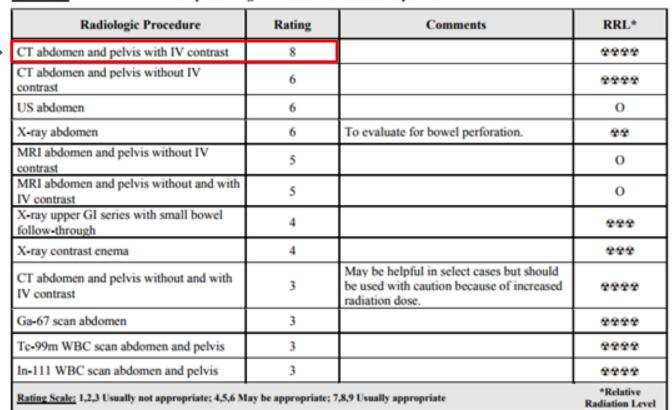
Clinical Condition:

Acute (Nonlocalized) Abdominal Pain and Fever or Suspected Abdominal Abscess

Variant 3:

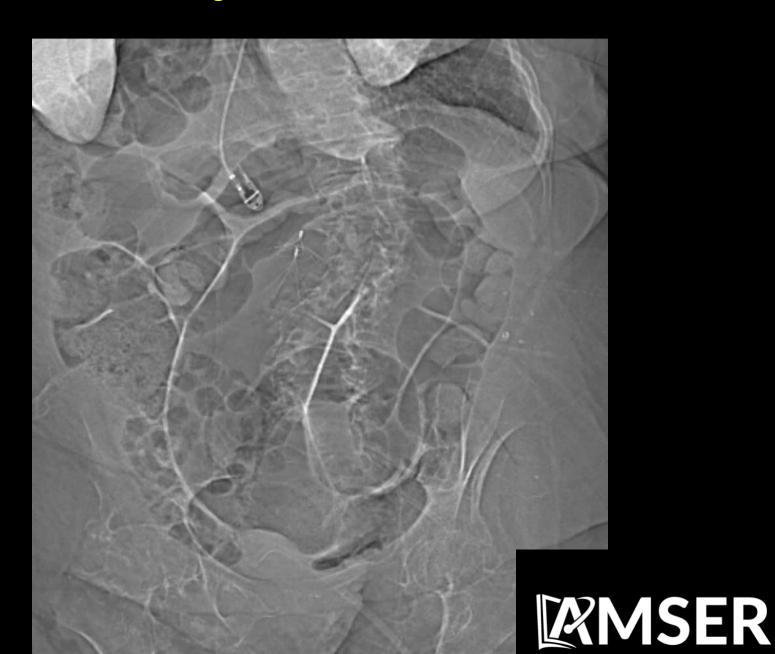
Patient presenting with fever and no recent operation.

This imaging modality was ordered by the ER physician

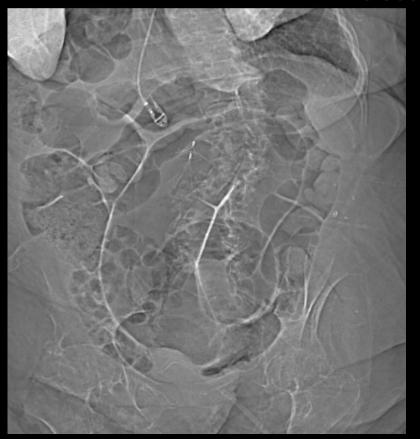




Scout Tomogram from the CT Scan



Hint:





Coffee Bean sign (cleft points toward LUQ)

MSER

Pearl: CT scout view is an essential part of the study

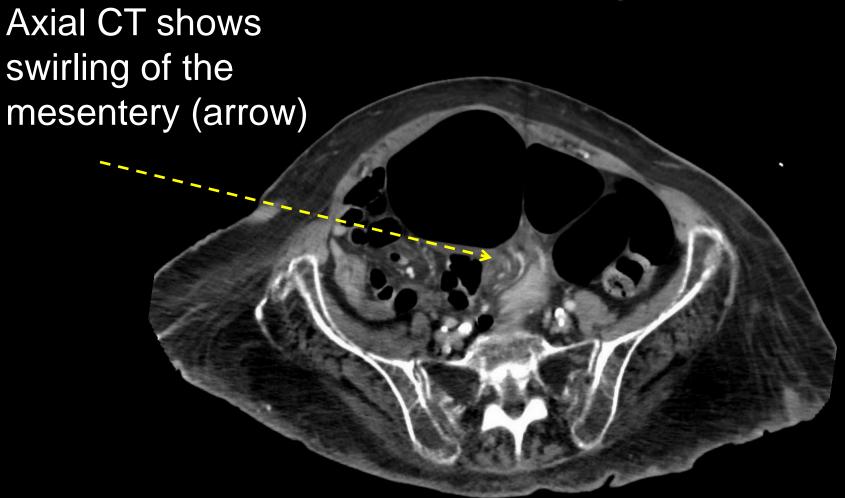
Additional Images:



Coronal CT
demonstrates
birds beak
narrowing
(arrow) of the
sigmoid colon
with swirling of
the mesentery



Additional Images:





Additional Images:

Sagittal CT demonstrates birds beak narrowing (arrow) of the sigmoid colon with upstream colonic dilation





Diagnosis:

Sigmoid Volvulus

Differential diagnosis:

- Cecal volvulus
- Colon cancer with obstruction
- Ogilvie syndrome



Sigmoid Volvulus

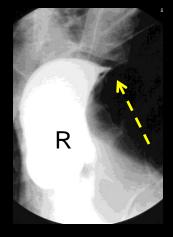
- Definition
 - sigmoid colon twists around the sigmoid mesentery
 - causes large bowel obstruction (torsion exceeds 180 degrees)
 - causes impairment of vascular perfusion (torsion > 360 degrees)
- Symptoms:
 - constipation
 - abdominal bloating/pain (continuous and severe)
 - nausea/vomiting
- Complications:
 - ischemia
 - perforation
- Causes:
 - old age/TMB--too many birthdays (mean age of 70 years old)
 - chronic constipation (may cause elongation of sigmoid)
- Treatment and prognosis
 - Rectal tube insertion successfully treats 90% cases
 - Mortality rate 20-25%, usually related to ischemia

Sigmoid Volvulus vs Cecal Volvulus

Can be a challenging diagnosis on plain film

CT and or gastrografin enema can be performed to better define the level of the volvulus

Companion case: Gastrografin enema showed filling of the rectum (R) and distal sigmoid colon to the level of the volvulus/bird beak narrowing (arrow)





References

• UP- TO-DATE:

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