

A twist in the tale: epiploic appendagitis mimicking acute appendicitis

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DESCRIPTION

A 38-year-old woman with a history of endometriosis presented to hospital with a 24 h history of severe, stabbing right iliac fossa pain. On examination she was non-feverish and systemically well. Rebound tenderness was noted in the right iliac fossa without guarding. Urinalysis was positive for leucocytes but blood tests were unremarkable with the exception of a C reactive protein of 7.

CT of the abdomen was performed to elucidate the cause of her abdominal pain (figure 1). The CT revealed a 1.7 cm soft tissue nodule lying within the mesenteric fat anterior to the caecum with associated fat stranding. The appendix was seen to arise from the medial caecum and was not inflamed. The remaining viscera were of normal radiological appearance. A diagnosis of epiploic appendagitis was made.

The epiploic appendages are pedunculated, fat-filled outpouchings of the colon, averaging 3 cm in length. Epiploic appendagitis arises from torsion, ischaemia or haemorrhagic infarction of the epiploic appendages. Clinically, epiploic appendagitis presents as acute, localised abdominal pain without systemic symptoms. The diagnosis is typically made incidentally when CT is used to exclude other intra-abdominal pathologies.¹

Epiploic appendages are not normally seen on CT. However, when inflamed they can appear as pericolic, fat density, oval lesions with surrounding inflammation. Occasionally, a central high-attenuation dot is visible representing haemorrhage. Fat stranding is generally more pronounced than adjacent colonic wall thickening. Right-sided or caecal appendagitis is comparatively rare with most presentations arising from the sigmoid colon, mimicking diverticulitis.^{2 3}

The patient was managed conservatively and made a complete recovery.

Learning points

- ▶ Epiploic appendagitis is an uncommon cause of acute abdominal pain but should be considered in patients without elevation in septic markers or systemic illness.
- ▶ Epiploic appendagitis is frequently diagnosed incidentally when CT of the abdomen is used to exclude other more serious causes of abdominal pain. CT findings are pathognomonic.
- ▶ Consideration of epiploic appendagitis in patients presenting with acute abdomen may help avoid unnecessary antibiotic therapy, laparoscopy and a prolonged hospital stay as management is most commonly conservative, with analgesia and anti-inflammatories.

Contributors AMS and HD were involved in writing the manuscript. SA was the consultant responsible for the patient's care and reviewed the manuscript.

Competing interests None.

Patient consent Obtained.

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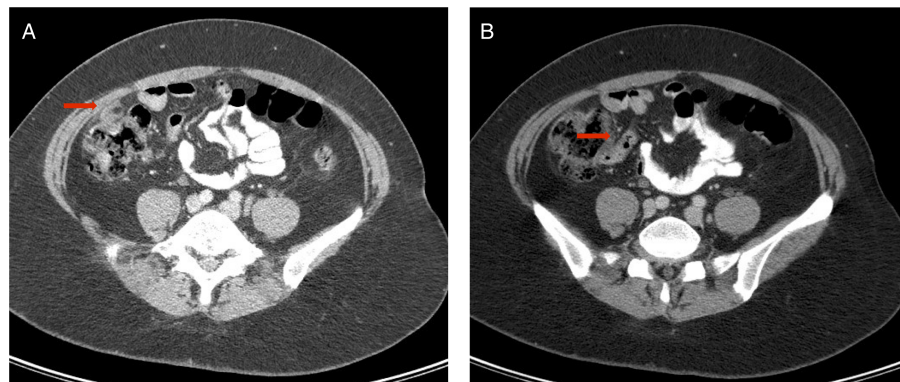


Figure 1 Axial CT of the abdomen performed on day 2 of admission. A fat density, 1.7 cm nodule can be seen overlying the anterior caecum with associated fat stranding corresponding to an inflamed epiploic appendage (A). The appendix is of normal radiological appearance and arises from the medial caecum (B).



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