中文題目：腸脂垂炎

英文題目：Epiploic appendagitis

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Back ground:

Epiploic appendages are pouches of subserosal fat that line the entire length of the colon[1]. Rarely, these pericolic fat results in inflammtion, which is called ”epiploic appendagitis”. Epiploic appendagitis has specific feature under image study, and it can be easily diagnosed by computer tomography and proficient abdominal sonography. The clinical presentation of epiploic appendagitis often mimics diverticulitis, acute cholecystitis and appendicitis, however, most epiploic appendagitis can be cured by medical treatment and seldom require surgical intervention.

Case description.

A 49-year-old male with history of reflux esophagitis, peptic ulcer and cecal diverticulum presented to our outpatient department due to acute abdominal pain for three days. The patient denied symptoms of fever, nausea, vomiting nor diarrhea. Physical examination revealed normoactive bowel sound, soft abdomen and there was no tenderness nor rebounding pain under abdominal palpation. The patient took pinaverium bromide, acetaminophen from OPD and arranged follow up three days later. His abdominal pain was persisted and abdominal sonography was arranged, which revealed a 3cm paracolic hyperechoic ovoid mass, as in figure 1. The following computer tomography examination showed a 0.9cm fat density lesion anterior to descending
colon with regional fat strandings and fascia thickening, as in figure 2. Epiploic appendicitis was diagnosed. We kept conservative treatment without antibiotic agents and the patient’s abdominal pain completely resolved in few days

Discussion

In one review of epiploic appendagitis[1], near 7 % of patients whose symptoms are typical for diverticulitis were diagnosed to be epiploic appendagitis by CT scan. Michael Sand et al [2] reported case series of ten patients with epiploic appendagitis. Their symptoms were typical for epiploic appendagitis, diverticulitis, acute appendicitis. Abdominal sonography findings specific for epiploic appendagitis were present in 3 patients and computed tomography findings specific for epiploic appendagitis were present in 6 patients. Treatment was laparoscopic excision (n = 8), excision
via conventional laparotomy (n = 1) and conservative therapy. We reviewed patient’s from our hospital in the last 2 years, and 6 patients presented with abdominal pain had feature of epiploic appendagitis under computer tomography. One of these patients has abdominal rebounding pain and CT finding suggested cecal diverticulitis or epiploic appendagitis. He received surgical intervention and acute appendicitis was diagnosed. The other 5 patients recovered under conservative medical treatment.

In patients with abdominal pain, epiploic appendagitis is one of the easily forgotten differential diagnosis. It is a self-limiting disorder, has benign course of disease and favors a conservative therapy regiment with or without antibiotics according to most literature, however, conservative treatment may have possibility of recurrence and surgery may be considered for torsion or recurred epiploic appendagitis

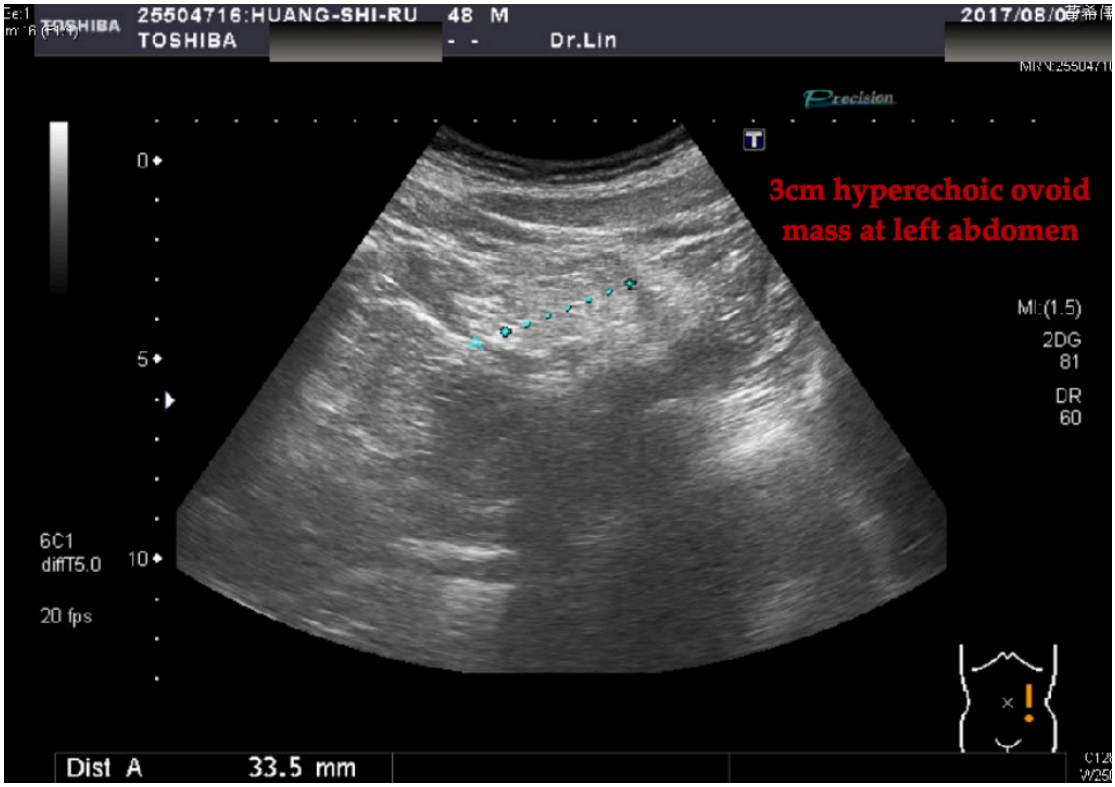

Figure.1 Epiploic appendagitis presented as 3cm hyperechoic ovoid mass at left abdomen

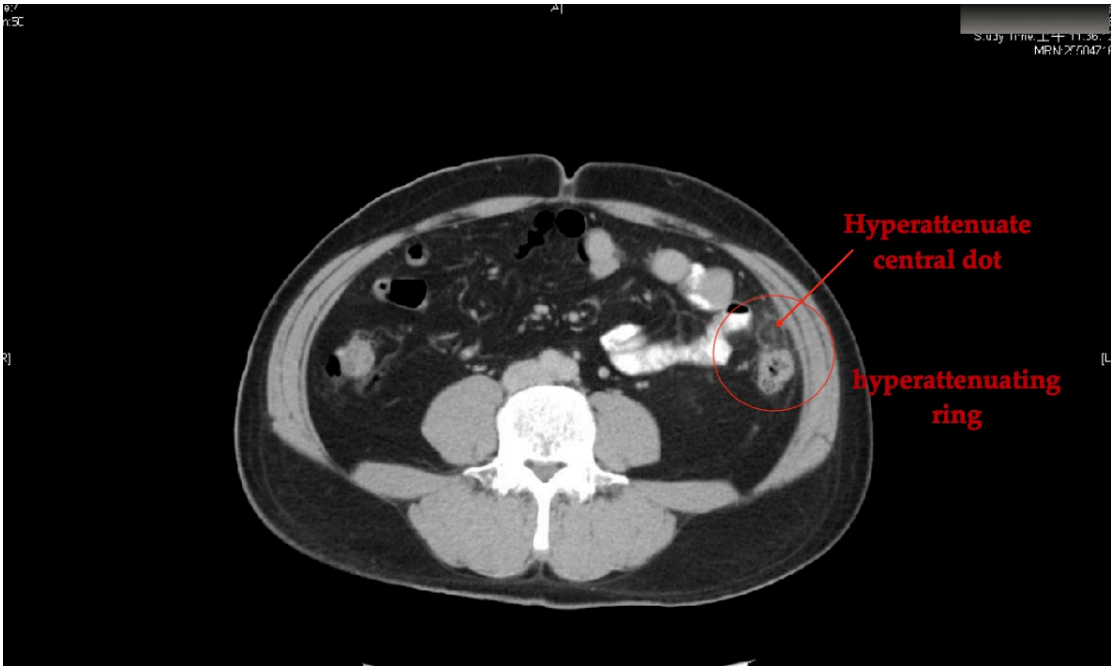

Figure 2. Epiploic appendagitis with hyperattenuate central dot and hyper attenuating ring under computer tomography

References

1. Schnedl, W. J. *et al. Insights into epiploic appendagitisNat. Rev. Gastroenterol. Hepatol.* 8, 45–49 (2011)

2. Michael Sand*1, Marcos Gelos1, Falk G Bechara et al. Epiploic appendagitis – clinical characteristics of an uncommon surgical diagnosis
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