



EDİTÖRE MEKTUP / LETTER TO THE EDITOR

An unusual cause of acute abdomen: epiploic appendagitis

Nadir bir akut karın nedeni: epiploik apandisit

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Dear Editor,

Appendices epiploicae consists of small protrusions of fatty tissue, originating from serosal surface and can be present between ceecal and rectosigmoid areas. Inflammation may cause a clinical entity, also known as epiploic appendagitis. It can be one of the rare reasons of acute abdomen^{1,2}. The differential diagnosis remains major problem due to requirement of surgical procedure. It is mostly seen as a localized pain³. Either acute appendicitis or acute diverticulitis may be presented as similar clinical features and surgery may be last chance of definitive diagnosis. In the majority of cases, epiploic appendagitis arise from the sigmoid colon. Cecal presence may mimic acute appendicitis or any other cause of acute pain in the right lower abdomen. Physical examination reveals signs of diverticulitis or appendicitis⁴. Diagnosis of epiploic appendagitis remains a major obstacle among general surgeons. In our study, we aimed to present a patient diagnosed with epiploic appendagitis.

A 54-year-old female patient was admitted to Emergency Unit with progressively increasing abdominal pain and diarrhea for one day. She had no vomiting or nausea. On physical examination, her temperature was 37.6°C and pulse rate was 94 beats per minute and rebound tenderness was discovered in the left lower quadrant and rectal examination showed no abnormalities. The blood counts were unremarkable except for leukocytosis (14,300 cells/ μ L) with predominance of neutrophils (82%). Urine examination was normal. Abdominal

ultrasonography revealed 24x14x19 mm inflamed section of sigmoid colon and thickness of primary epiploic appendages. Abdominal computed tomography (CT) was performed after oral contrast and intravenous enjection of 100 ml nonionic contrast material with an iodine content of 300 mg/ml. Computed tomography revealed inflammation of an epiploic appendix in sigmoid colon. Our preliminary diagnosis was primary epiploic appendagitis of sigmoid colon. IV antibiotics and analgesics were applied during hospital course. Conservative approach was our primary choice of treatment. Hospital stay was uneventful and patient was discharged after seven days. No recurrence occurred during the follow-up of 24 months period. Informed consent was obtained.

Appendices epiploicae consists of small protrusions of fatty tissue, originating from serosal surface and can be present between ceecal and rectosigmoid areas. The function of these appendages remains unclear⁵. They lay in two rows parallel to the tenia coli and their number and size increase in the lower quadrants^{3,4}. Colon has about 50–100 appendices epiploicae increasing in size and number in the lower quadrant⁶. This results appearance of most cases on the left side. Epiploic appendagitis can be rarely seen. Golash et al. reported that 1,320 cases of acute abdominal pain and eight cases of 1,320 cases were due to acute epiploic appendagitis⁷.

Epiploic appendagitis could be diagnosed through surgical procedures, clinical features can lead the surgeon to the right pre-operative diagnosis.

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Epiploic appendagitis is rarely diagnosed preoperatively due to lack of pathognomic clinical findings and unavailability of expert radiological modalities in emergency settings in developing countries⁸. In a retrospective analysis of 20 patients of epiploic appendagitis, Hasbahceci et al. showed that a solid oval, noncompressible hyperechoic mass with a subtle hypoechoic rim directly under the site of maximal tenderness, and lack of central blood flow on Doppler US (detected in five of six patients) is suggestive of epiploic appendagitis⁹. They also showed that a pericolonic ovoid fatty mass with hyperattenuating rim and surrounding fat stranding is a diagnostic finding, which was present in all 20 patients of epiploic appendagitis.

In conclusion, epiploic appendagitis is a rare cause of acute abdomen and should be suspected in a patient in the absence of associated symptoms. Contrast enhanced CT of the abdomen may prove beneficial in the preoperative assessment of the patient. It should be kept in mind that epiploic appendagitis mimics acute abdominal pathologies and unnecessary surgery should be avoided. Patient may benefit from conservative approaches.

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