

A Case of 10 days

Case 337

A seventy-four-year-old male was transported with emergency to our hospital for left sided abdominal pain. He, first, felt it several days before. The degree of pain fluctuated with body posture or respiration. He was advised to be admitted to our hospital but refused for his private trouble. Laboratory test revealed CRP 1.57mg/dL, white blood cells 11390/mm³, neutrophils 85.5%, lipase 35U/L, Amylase 30U/L. He took abdominal CT for further investigation (Figs 1-3).

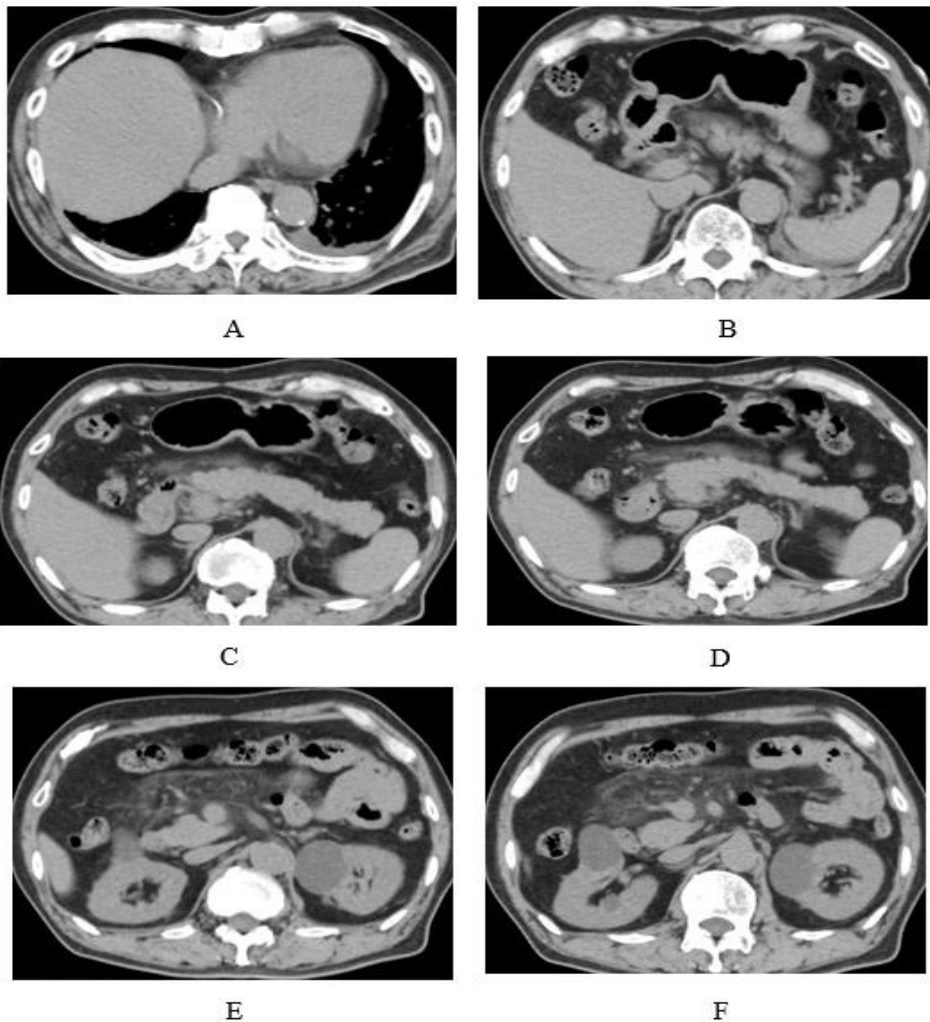


Fig.1 Fat dirty sign is demonstrated in fat tissue anterior to pancreas (B, C, D) and behind transverse colon (E, F) is visualized on non-enhanced abdomen CT. Note small left pleural effusion (A).

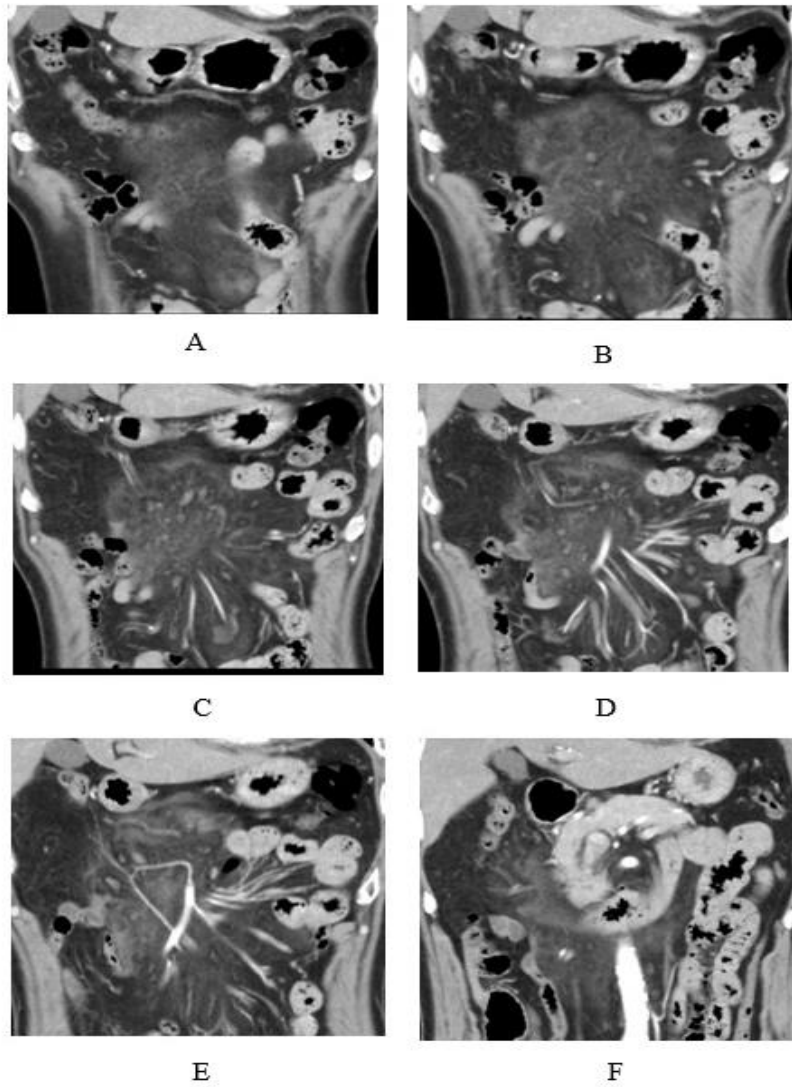


Fig.2 Fat dirty sign is demonstrated in fat tissue below transverse colon (A), along with middle colic artery (D, E), and between transverse colon and pancreas head (A-F) is visualized on contrast-enhanced abdomen CT.

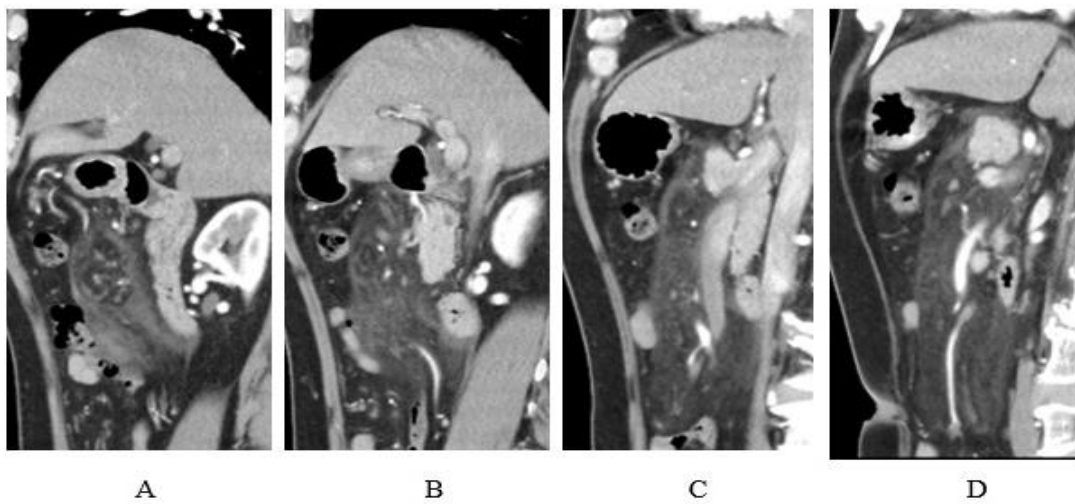
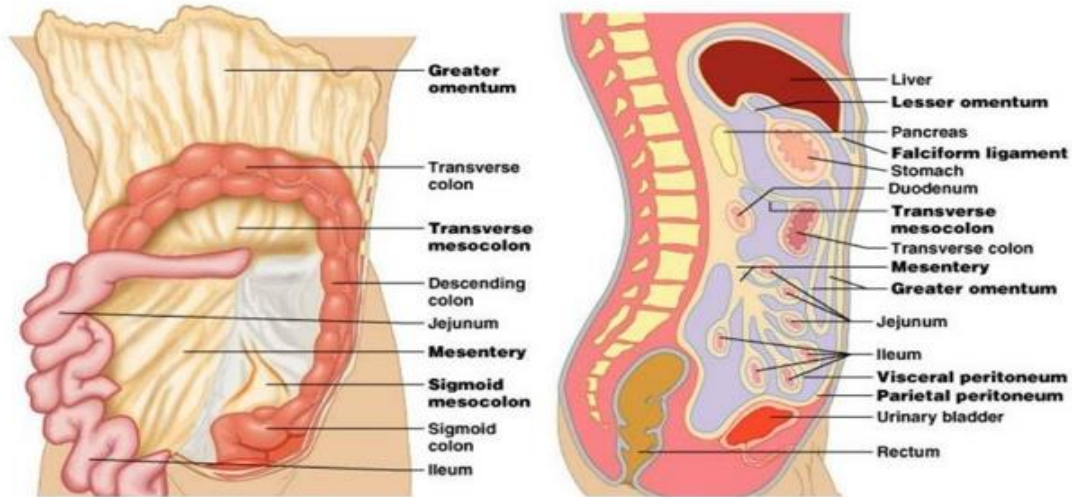


Fig.3 Fat dirty sign is demonstrated in fat tissue between transverse colon and duodenum (A), between transverse colon and pancreas (B-D), and anterior to inferior vena cava and superior mesenteric artery (D) is visualized on contrast-enhanced abdomen CT.

Note: greater omentum, lesser omentum, falciform ligament, transverse mesocolon, mesentery, sigmoid mesocolon



What causes abdominal pain on this case?

1. Pancreatitis
2. Autoimmune pancreatitis
3. Sclerosing mesenteritis
4. Colon diverticulitis
5. Appendagitis

answer

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