A Case of 10 Days

Case 341

An eighty-three-year-old male presented with tense pain after urination. He had received surgical repair for right inguinal hernia and appendectomy in the past. This time, he was diagnosed with left inguinal hernia in a local hospital. He expected speedy surgical repair because of pain. He experienced severe pain after urination immediately before taking CT (Figs. 1, 2). When a radiation technologist tried to scan CT in prone position because the reference surgeon expected to take CT in prone position to detect inguinal hernia, he experienced severe pain, making a loud voice for painful abdomen. Then, the patient changed into supine position, dramatically inducing him experience pain relief.

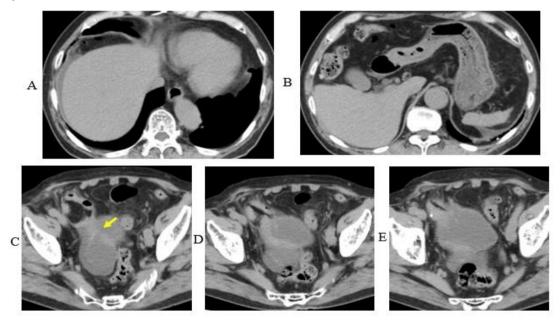


Fig.1 Small peritoneal fluids are depicted surrounding liver and spleen and in Douglas pouch (A-E).

Mural defect of urinary bladder is depicted on C (arrow).

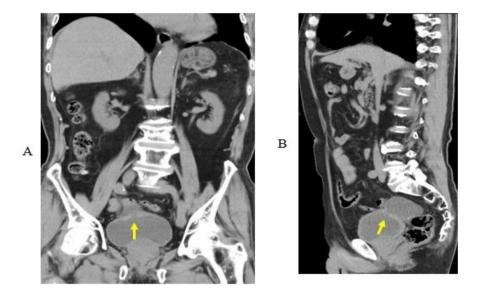


Fig. 2 Coronal (A) and sagittal (B) images depict a defect of urinary bladder mural (arrow).

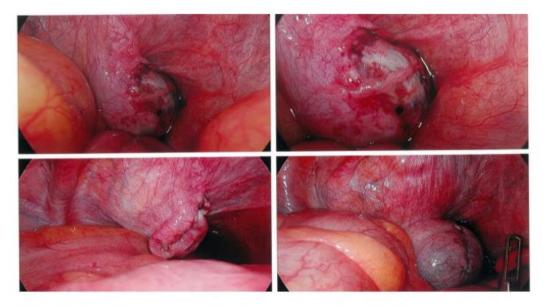


Fig.3 Endoscopic surgery revealed the portion of urinary bladder rupture and surgical suture is conducted.

What is imaging diagnosis on CT?

- 1. Strangulation ileus
- 2. Adhesive ileus
- 3. Ureter stone
- 4. Urinary bladder leakage