

A Case of the 10 days

Case 351

A sixty-nine-year-old female presented in our hospital for painful left inguinal mass realized from before. She could eat nothing because of abdominal pain. Today, she went to a local clinic whose physician made a clinical diagnosis of suspicious inguinal incarceration. She took abdomen CT (Figs 1-6)

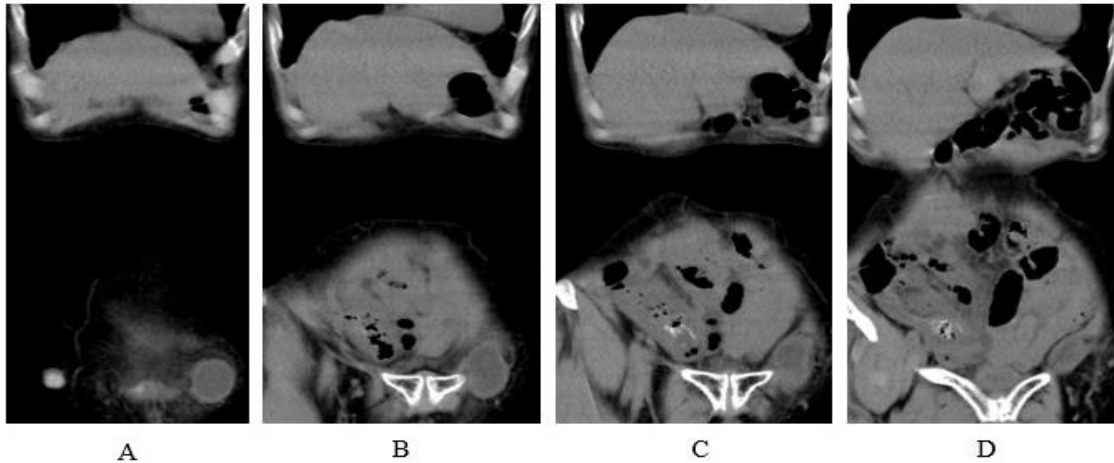


Fig. 1 A cystic lesion on left inguinal hernia is depicted on coronal pelvic CT (A-D). It enters from outside of inguinal bands (D) and stays on inguinal canal (A-C) . Note a calcified lesion is found on right inguinal band (A).

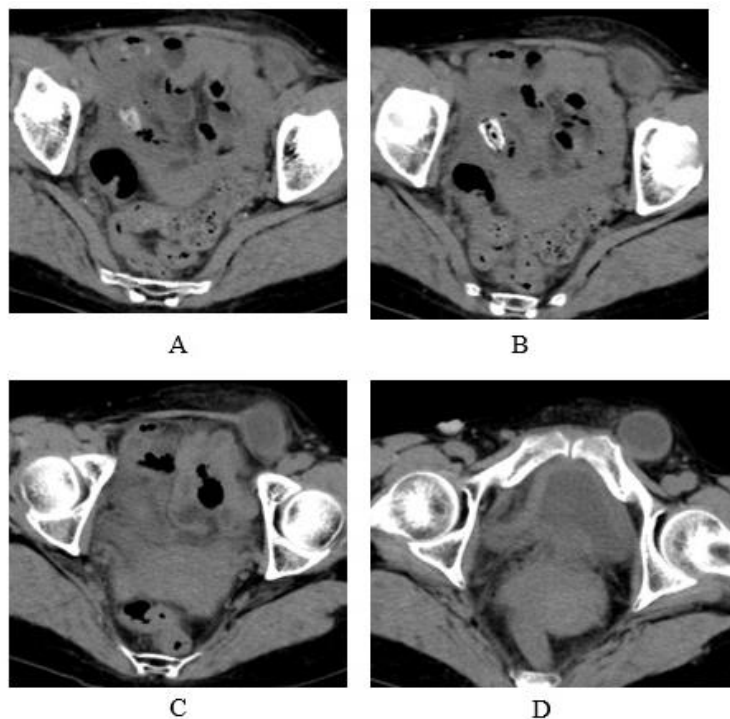


Fig.2 A cystic lesion with mural thickness is depicted on axial CT. The lesion is adjacent with bowels that are not dilated. It indicates no evidence of small bowel ileus.

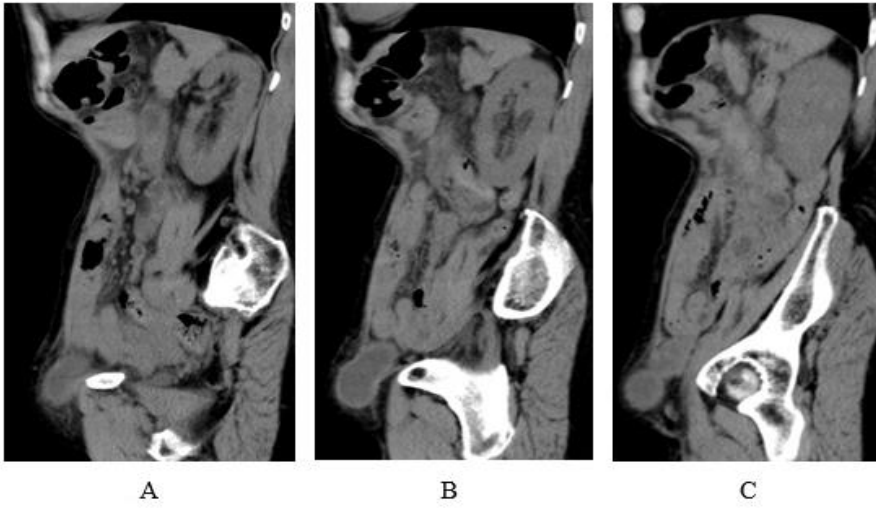


Fig. 3 A cystic lesion with mural thickness is depicted on inguinal band adjacent to bowels that are not dilated.

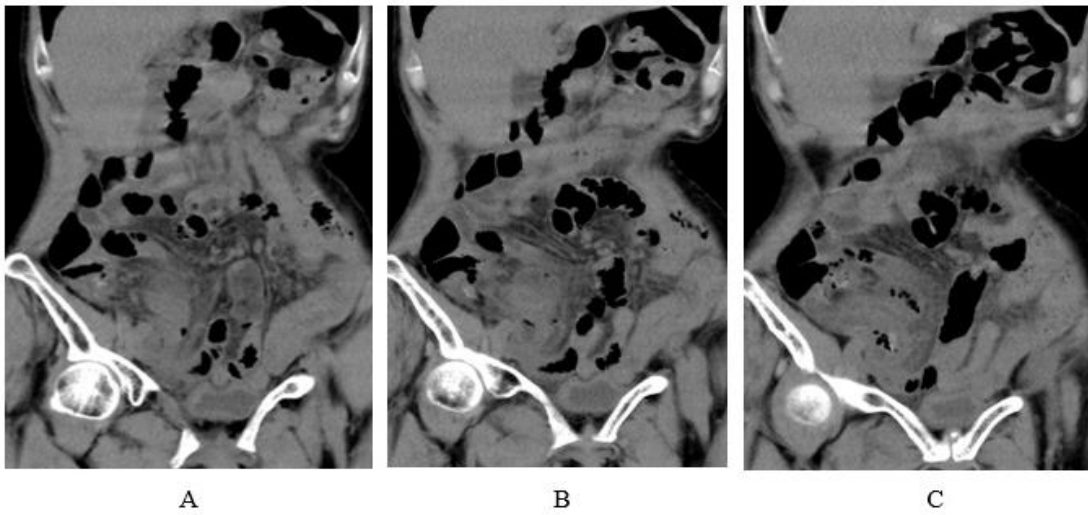


Fig 4 A tubule with mural thickening looking like appendicitis is depicted on coronal CT (A-C)

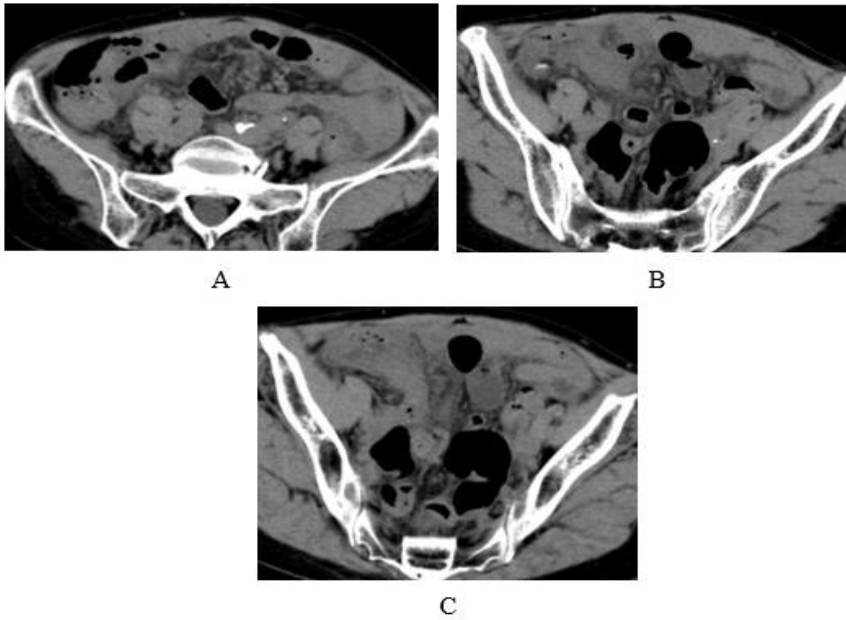


Fig.5 A tubule with mural thickness is hardly differentiated ileum end from swollen appendix (A-C).

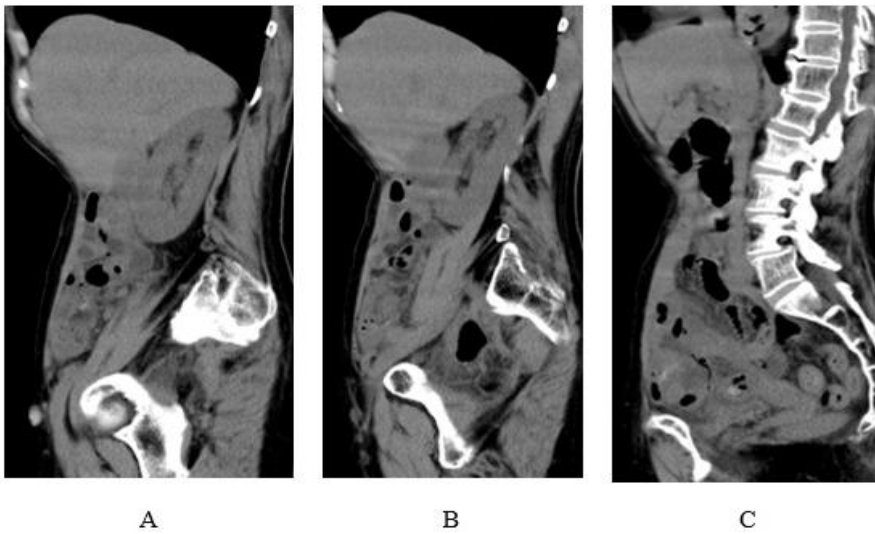


Fig. 6 A tubule with mural thickness is difficult to differentiate swollen appendix from external iliac artery on sagittal CT (A-C).

What is imaging diagnosis? Take two.

1. Inguinal hernia incarceration
2. Nuck canal
3. Appendicitis
4. Colon diverticulitis
5. Infectious enteritis

answer

2023.8.30