

A Case of the 10 days

Case 359

A twenty-seven-year-old female presented in our hospital for abdominal pain which emerged two days before. She got several Sashimi, row fish of bonito and mackerel. She got some medicine in a local clinic yesterday, but in vain. She experienced vomit last night. Laboratory test revealed white blood cells 13750/mm³, CRP 2.34 mg/dL, Eosinophils 2.1%. She took abdomen CT for further investigation (Figs. 1-3).

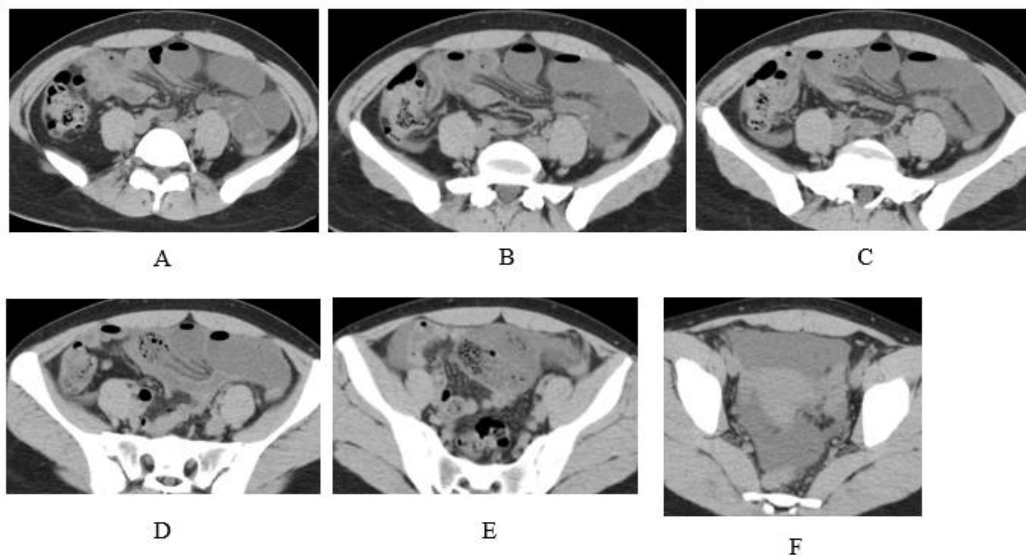


Fig. 1 Small bowel dilatation is depicted on abdomen CT (A-E). Mural-thickened small bowel (A-C) with feces sign (B-E) is present, associated with mesentery edema (D) and ascites (F).

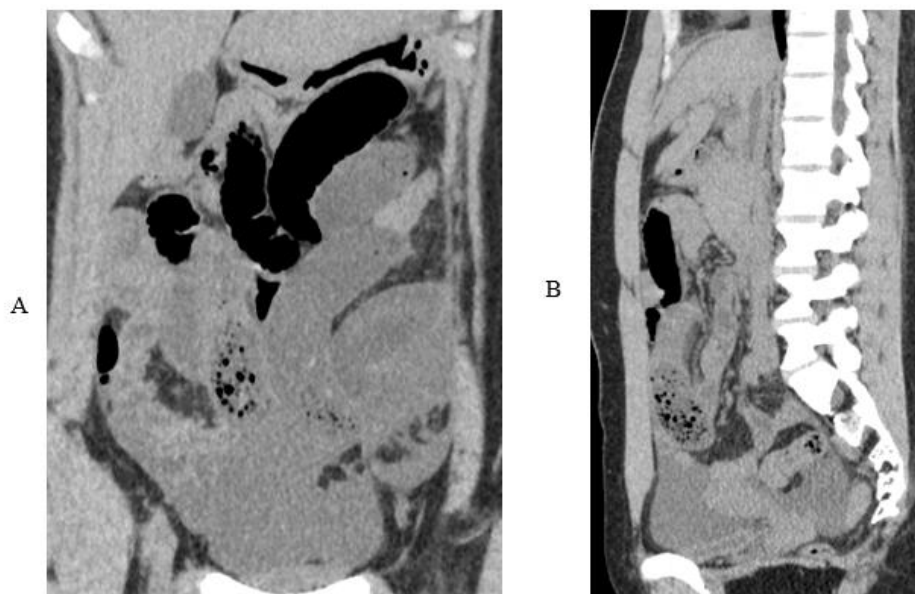


Fig.2 Coronal (A) and sagittal (B) CT images depict small bowel with thickened-mural associated with feces sign.



A



B



C

Fig.3 Several hours later, small bowel with mural thickening is depicted on axial (A), coronal (B) and sagittal (C) CT.

What is possible clinical diagnosis?

1. **Strangulation ileus**
2. **Infectious bowel disease**
3. **Ulcerative colitis**
4. **Crohn disease**
5. **Ischemic colitis**

answer

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