

A Case of the 10 days

Case 369

A seventy-two-year-old female was transferred from a local hospital to us based on diagnosis of small bowel invagination. She suffered from abdominal pain, vomiting, and visited a local hospital. She took abdomen CT for further investigation. Depending on CT findings, she was diagnosed small bowel obstruction due to invagination (Figs. 1-3). She was carried to our hospital for surgical resection. Laboratory test revealed CRP 2.87 mg/dL, white blood cells 6570/mm³, neutrocytes 82%.

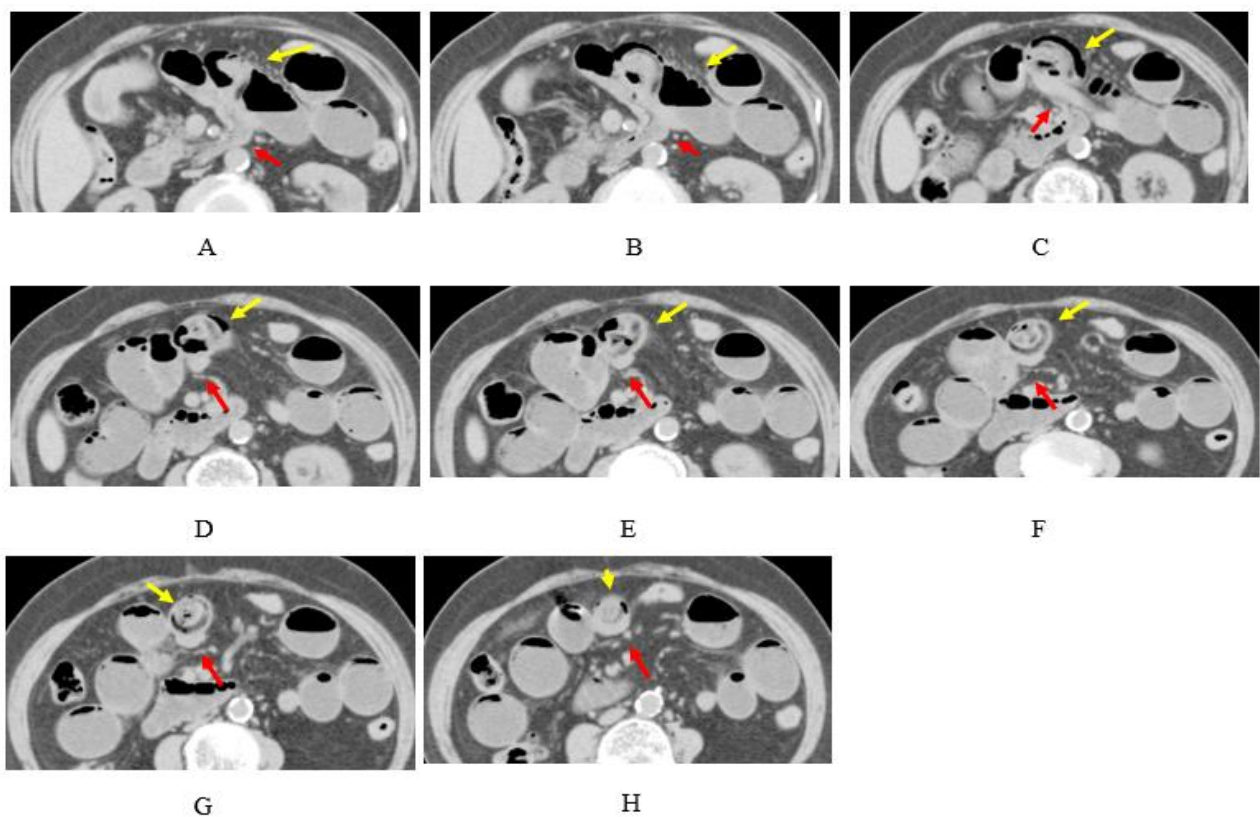


Fig.1 The transition site of small bowel obstruction is depicted (H) with anal constrictive bowel (red arrow) and oral dilated bowel (yellow arrow) on axial CT.

Note : Tip of occlusive transition site includes low attenuation part (E-H).

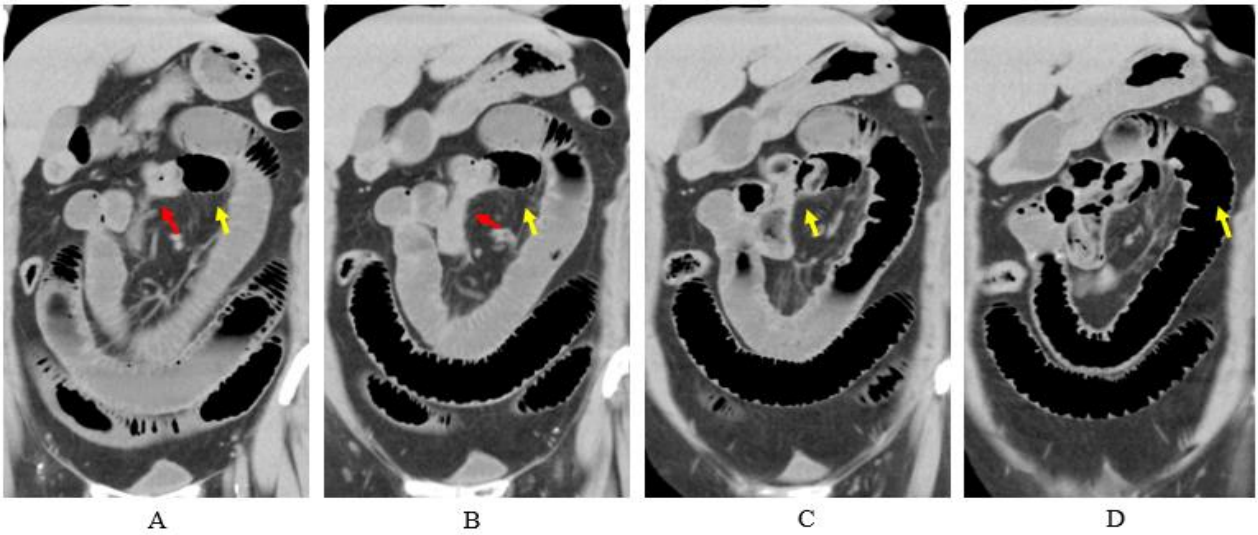


Fig.2 Transitional site of small bowel obstruction (A, B) is depicted with anal constrictive bowel (red arrow) and oral dilated bowel (yellow arrow) on coronal CT. Note the occlusive tip includes low attenuation part (C, D).

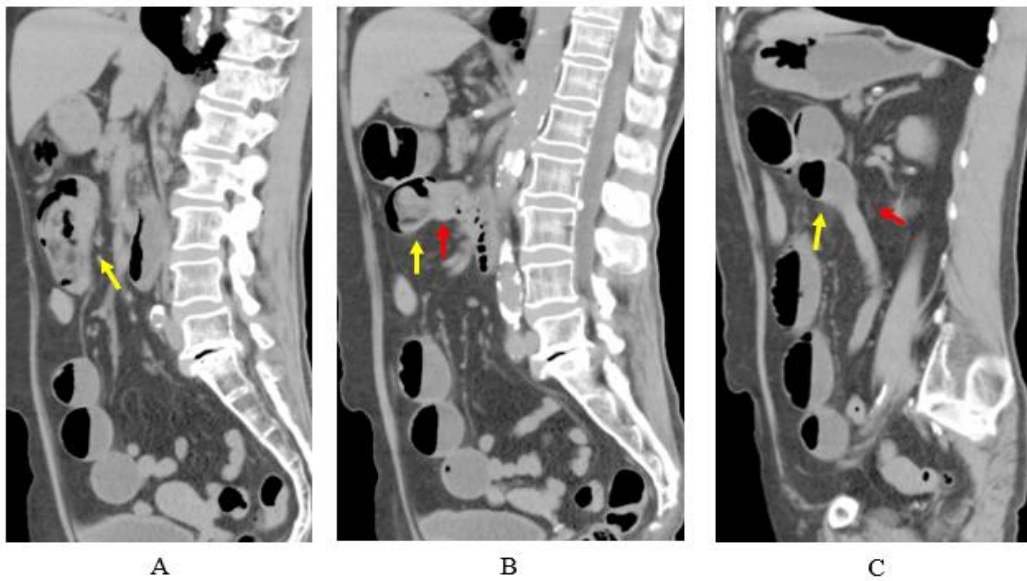


Fig.3 The occlusive transition site of small bowel obstruction (B) is depicted with anal constrictive bowel (B, C) and oral dilated bowel on sagittal CT (A-C).

What is imaging diagnosis?

1. Small bowel invagination
2. Strangulation ileus
3. Adhesive ileus
4. Dietary ileus
5. Paralytic ileus

answer

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