PICTURES IN DIGESTIVE PATHOLOGY

Tuboovarian abscess as unusual presentation of tubarian fistula secondary to sigmoid diverticulitis

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CASE REPORT

A 80-year-old female with hypertension and aortic valve disease, as a past medical history, who went to the emergency department with abdominal pain located in right lower quadrant and leukocytosis.

The sonographic exploration identified a formation adjacent to the uterus of 44 x 36 mm, heterogeneous, probably related to a right adnexal mass, so she was admitted onto the gynecology service.

A multidetector computed tomography (TCM) revealed a collection with air inside, adjacent to the uterus, and a distended and enhancement of the right tube's walls. It caused endometrial retention and there was an air bubble in the uterine cavity. These findings correspond to salpingitis and tuboovarian abscess. There was a segment of the adjacent sigma with walls slightly thickened and diverticula.

The patient was diagnosed with perforated diverticulitis with an abscess in the broad ligament. The collection underwent drainage and intravenous antibiotics were prescribed with clinical and radiology improvement.

DISCUSSION

Diverticular disease is a common entity whose incidence increases with age, representing, the 50-60% of the people who are 80 or over. The stage II classification of Hinchey et al shows the formation of retroperitoneal or pelvic abscess

Fig. 1. Oral and IV enhanced CT. Coronal image: The largest arrow points to the collection, with air inside, in the broad ligament. The second arrow shows the presence of endometrial retention and an air bubble in the uterine cavity. Between the two structures, it is situated the right tube whose walls are dilated and enhanced (salpingitis).

Fig. 2. Sagittal image that shows the posterior situation of the sigmoid colon (arrow on the right), which is slightly thickened, regarding the collection and uterus (arrow on the left of the image).

secondary to diverticular perforation. In the literature there have been found complications of diverticular disease with fistula formation colovesical (50%), colovaginal (25%) and coloenteric (7%). In men have also been reported to prostate and seminal vesicles.

The sensitivity of MDCT for the diagnosis of acute diverticulitis varies around 90-97%, with high specificity and a false positives rate of 7-21%. It is useful for early detection of acute diverticulitis complicated by abscesses, it is also helpful predicting which patients will not respond to medical treatment and it provides guidance for percutaneous drainage of collections.

RECOMMENDED REFERENCES

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Fig. 3. Coronal image showing the relationship between the uterus, the collection inside the right parametrium and the sigma.