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PICTURES IN DIGESTIVE PATHOLOGY

Omental torsion: an infrequent cause of abdominal pain

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CASE REPORT

We present the case of a 65-year-old male, who presented at the Emergency Department due to an increasing abdominal pain with a three-day history. Physical examination revealed a painful mass in the right iliac fossa and was clearly palpable. The patient also presented sinus tachycardia of 115 bpm. The blood test only revealed a C-reactive protein level of 5.6 mg/dl. A computed tomography (CT) scan showed rotation and thickening of mesenteric vessels, mesocolic fat edema and retrograde dilatation of the small bowel. These findings suggested colon volvulus as a first diagnostic possibility, and this is shown in figure 1.

Urgent exploratory laparotomy was performed, finding torsion, venous congestion and ischaemia of the greater omentum. No signs of intestinal ischaemia were found.

The pathology report described blood extravasation and fat necrosis with no evidence of malignancy. These findings suggest greater omentum torsion as first diagnostic possibility.

The postoperative period was favorable and the patient progressively recovered oral tolerance and bowel transit.

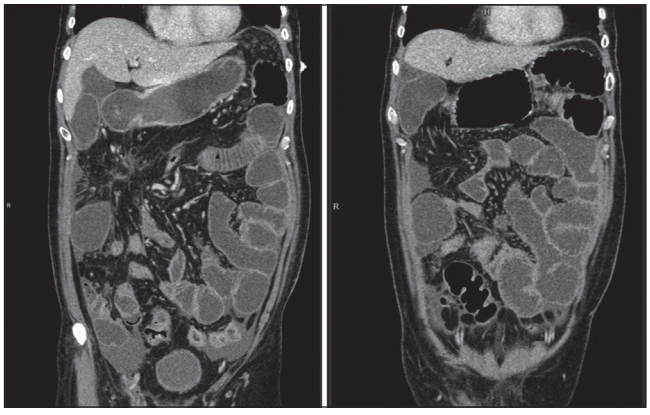

Fig. 1. CT: rotation and thickening of epiploic vessels, mesocolic fat edema and mild small bowel dilatation. Coronal cuts.

DISCUSSION

Omental torsion of the greater omentum is an uncommon cause of abdominal pain. It was first described by Eitel in 1899 (1). It is an unknown-cause disease difficult to diagnose (2), and is related to obesity, surgery, abdominal trauma and chronic cough. It can cause both aseptic and infectious peritonitis. Urgent exploratory laparotomy allows diagnosis (3), while urgent resection prevents serious complications such as hemoperitoneum, infectious peritonitis and intraabdominal abscess.

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