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EPIPLOIC APPENDAGITIS AS A CAUSE OF ACUTE ABDOMEN

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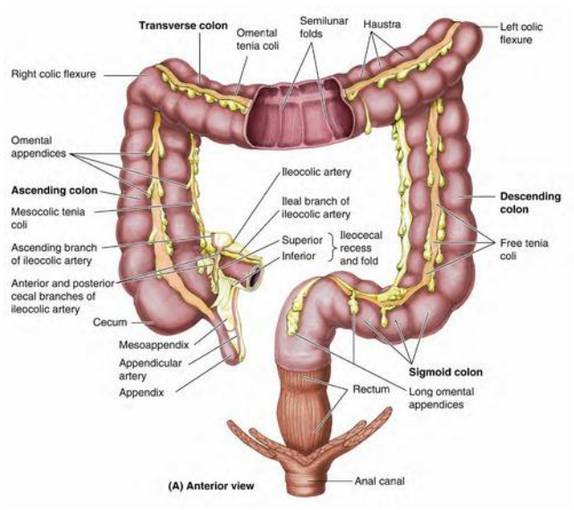
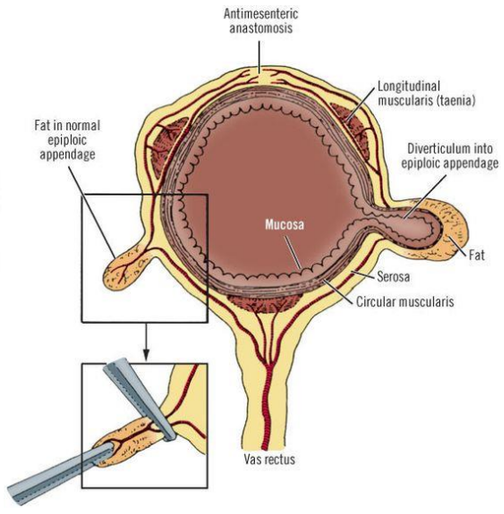
INTRODUCTION

Epiploic appendagitis is a benign, self-limited clinical condition, with symptoms that can simulate an acute abdomen, with severe abdominal pain, making a differential diagnosis with pathologies whose treatment is surgical.

Epiploic appendages are formations of adipose tissue covered by the visceral peritoneum of the colon, being distributed along 2 longitudinal lines, parallel to taenia coli. They are located in greater numbers in the cecum and sigmoid colon (total between 50-100), and their length varies from 0.5 to 5 cm.





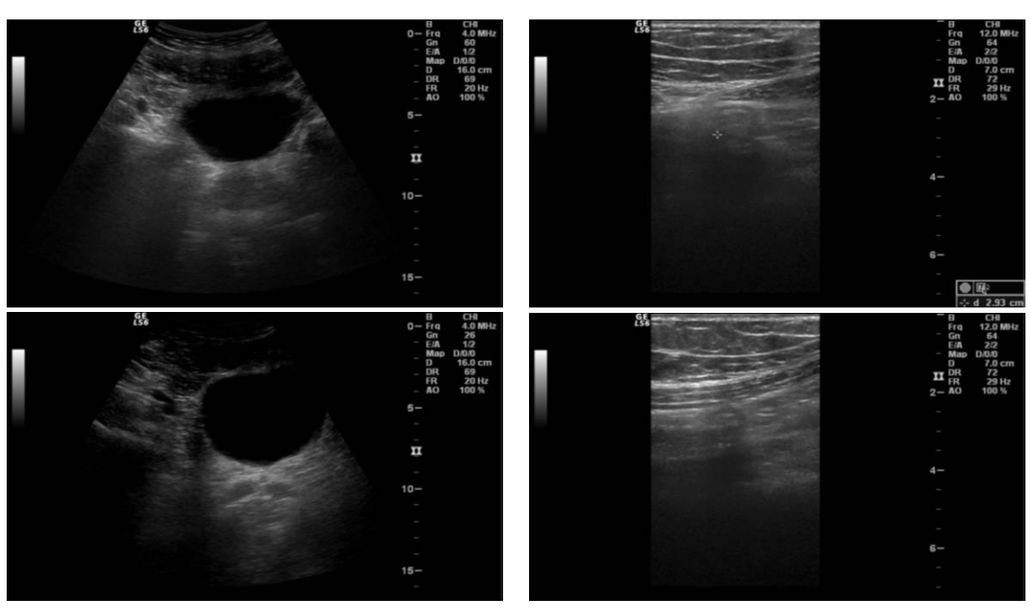
EPIPLOPIC APENDAGITIS: a clinical condition which there is inflammation of the epiploic appendage caused by:

1. **Ischemia -** In most cases secondary to a torsion of the epiploic appendage with vascular involvement;
2. **Inflammation**
   a) Primary: absence of vascular involvement or infectious focus
   b) Secondary: presence of contiguous infectious focus
3. **Imprisonment and strangulation in a hernial orifice**

CASE REPORT

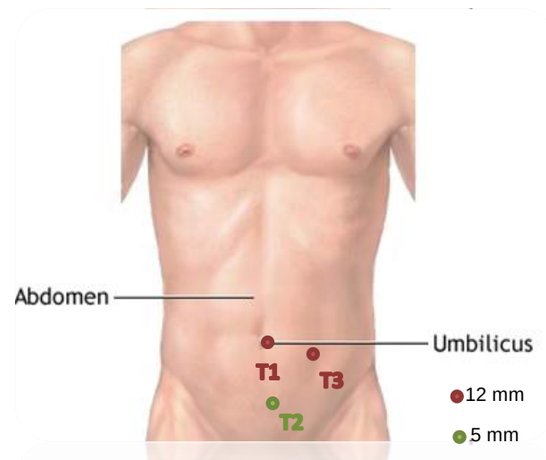
- 25-year-old male
- Pain in the right iliac fossa (RIF), with signs of peritoneal irritation - 2 days of evolution
- Apyretic

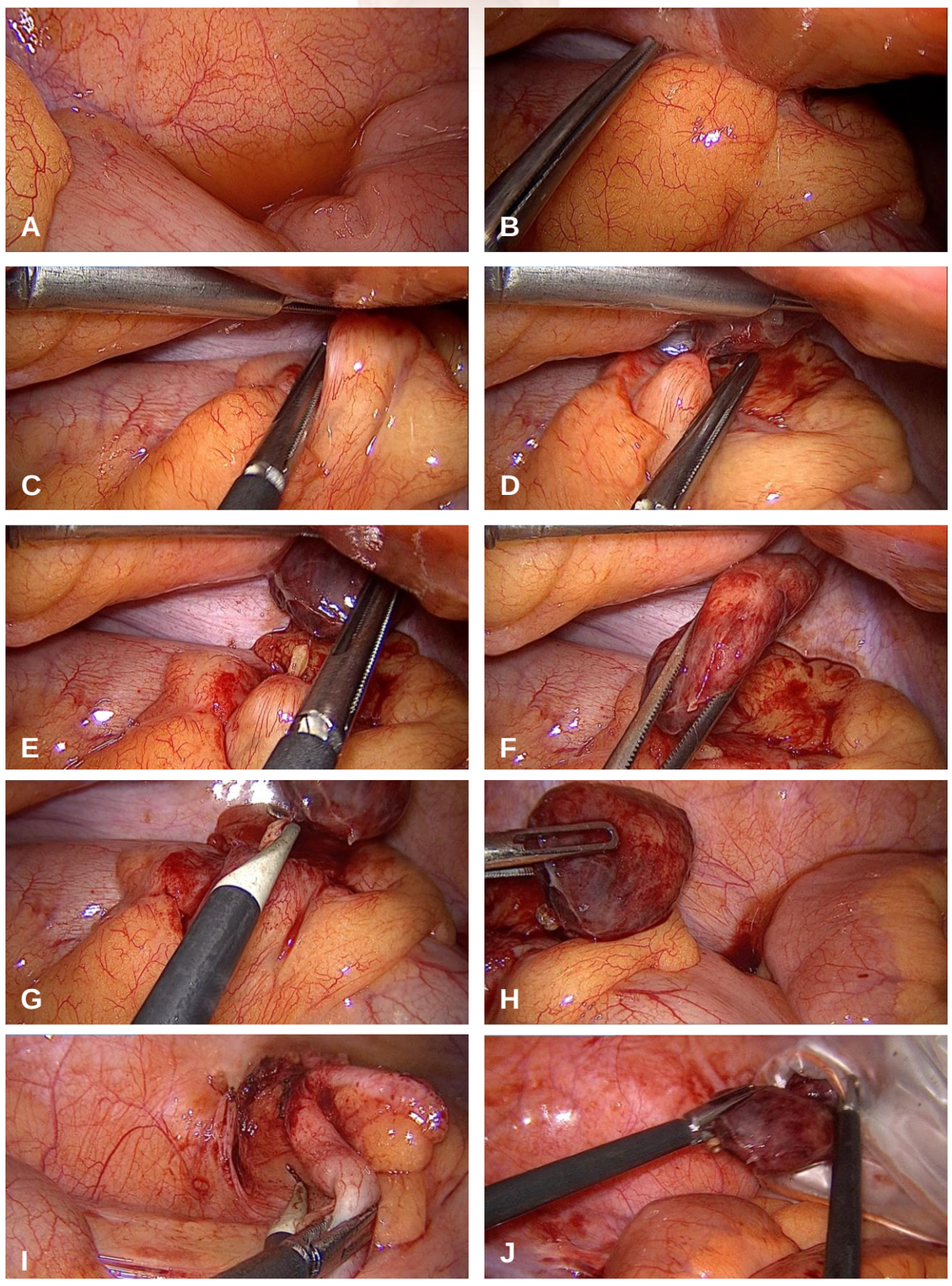
Leucocytes	CRP	Urine II
6.88 x10^3 /ul	7 mg/L	No changes



Abdominal ultrasound: image of a slightly bowel wall thickning with "target" image, at the RIF level, with pain and tenderness to the instrumentation, most likely translating to the presence of an inflammatory process

EXPLORATORY LAPAROSCOPY





A - Discrete serous peritoneal fluid (right parietocolic gutter)

B to F - Epiploic appendage adhering to the abdominal wall, in the RIF, with torsion on its base and with signs of ischemia - epiploic appendagitis

G to H - section of its base

I - Appendectomy on occasion

J - Removal of both pieces in a bag, through the umbilical port

CONCLUSION

It is a pathology whose treatment is medical, however, because it mimics pathologies whose treatment is surgical, it diagnosis can happen only intraoperatively.

Exploratory laparoscopy has brought a new approach in it diagnosis in a minimally invasive way, avoiding approaches with greater morbidity (laparotomy) or difficult to visualize (McBurney, Rockey-Davis incisions, ...)

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