

Imaging Sciences Interesting Cases

CASE 399

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CLINICAL PRESENTATION: Patient is a 59-year-old female with right upper quadrant tenderness and suspected cholecystitis.

IMAGING FINDINGS: Left-sided colonic diverticulosis, with two round structures with rim-calcification arising from the colon wall.



Figure 1: Axial CT slice through the lower abdomen demonstrates several diverticula arising from the sigmoid colon.





Figures 2A-C: Successive axial CT slices caudal to that in Figure 1 show two round structures with rim-calcification arising from the colon wall (red arrows).

DIAGNOSIS: Calcified epiploic appendages

DISCUSSION: Epiploic appendages are small pouches of the peritoneum filled with fat arising from the colonic serosal surface. Their function is unknown and they normally are not detected with imaging except if surrounded by fluid. Torsion or spontaneous venous thrombosis of a draining vein to epiploic appendages can cause a condition known as epiploic appendagitis (described in Case 164), which presents as localized acute abdominal pain. Segmental omental infarction often has similar findings to epiploic appendagitis on CT, namely a fatty round structure with a hyperdense rim with infiltration of adjacent pericolic fat. An occasional infarcted epiploic appendage can calcify, as in this case, and even become detached and float within the peritoneal cavity. It is important to recognize this benign entity on imaging of the colon to avoid unnecessary further investigation.

REFERENCES:

1. Skucas J. *Advanced Imaging of the Abdomen*. Springer, 2006.
2. Takada A, Moriya Y, Muramatsu Y, Sagae T. A case of giant peritoneal loose bodies mimicking calcified leiomyoma originating from the rectum. *Jpn J Clin Oncol*. 1998 Jul;28(7):441-2. PMID: 9739786 [PubMed]