

CLINICAL IMAGE

Primary omental torsion in a pediatric patient

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Abstract

Omental infarction although infrequent should be considered as a possible cause of acute abdomen precisely in those with negative appendectomy.

KEYWORDS

acute abdominal pain, omental infarction, pediatric, primary torsion of the omentum

1 | CASE DESCRIPTION

Omental infarction is a very infrequent cause of acute abdominal pain, especially, in pediatric patients. Herein, a case of idiopathic omental infarction diagnosed during the appendectomy operation is presented. Omental infarction although infrequent should be considered as a possible cause of acute abdomen precisely in those with negative appendectomy.

A 13-year-old man visited our hospital complaining of nausea, and acute abdominal pain in the right lower quadrant (RLQ) started since 3 days ago, with no remarkable medical history. Abdominal ultrasonography indicated the possibility of complicated appendicitis. Hence, he had undergone an emergency appendectomy. During the operation, we observed a negative appendectomy based on the macroscopic appearance of the appendix. However, there was a small amount of fluid in the right paracolic gutters, and the infarction of omentum due to the torsion of the greater omentum was detected (Figure 1). The infarcted segment of omentum

was resected (Figure 2). The patient was discharged home in a well-general condition a day after the surgery.

Omental infarction (OI) is a very rare and infrequent cause of acute abdominal pain, mostly affecting adults, with a majority in man and obese patients. The OI is either the primary torsion defined as the idiopathic torsion of the



FIGURE 1 The resected infarcted omentum; the idiopathic torsion of the vascular pedicle of the omentum is shown with an arrow

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FIGURE 2 The resected infarcted omentum in a pediatric patient

vascular pedicle of the omentum, or the secondary torsion in which the torsion occurs secondary to a preexisting abdominal pathology such as the cysts, tumors, adhesions, hernia, or trauma. The treatment of OI could be conservative or surgical resection of infarcted omentum based on the patient's clinical, laboratory, and radiological findings progress.^{1,2}

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.


AUTHOR CONTRIBUTIONS

AJ, HRN and NH: conceptualized the data. AJ, JJ, and HRN: curated the data. HRN: wrote the original draft preparation. AJ and JJ: wrote the review and edited the review.

ETHICAL APPROVAL

Written informed consent was obtained from the patient guardian prior to the publication.

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How to cite this article: Javidi A, Niazkar HR, Jalili J, Haji Vosugh N. Primary omental torsion in a pediatric patient. *Clin Case Rep*. 2021;9:1808–1809. <https://doi.org/10.1002/ccr3.3842>