

CLINICAL IMAGE

Acute epiploic appendagitis mimicking symptoms of urinary tract infection: A diagnostic enigma in the emergency department

Phool Iqbal¹  | Muhammad Murtaza¹  | Hafiz Waqar Younis¹ |
Muhammad Abd Ur Rehman²  | Ammara Bint I Bilal³  | Sushil Niraula¹

¹Internal Medicine, Hamad Medical Corporation, Doha, Qatar

²Emergency Medicine, Hamad Medical Corporation, Doha, Qatar

³Department of Radiology, Hamad Medical Corporation, Doha, Qatar

Correspondence

Muhammad Murtaza, Internal Medicine, Hamad Medical Corporation, PO BOX 3050, Doha, Qatar.
Email: mmurtaza1@hamad.qa

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Abstract

The epiploic appendages (also known as appendices epiploicae) are usually located on the anti-mesenteric surface of the colon, extending from the caecum to the rectosigmoid, and epiploic appendagitis (EA) is the inflammation of these appendages. We report a clinical image of epiploic appendagitis creating a diagnostic challenge.

KEYWORDS

acute appendagitis, appendix epiploicae, lower abdominal pain

1 | CASE PRESENTATION

Appendix epiploica are fat-containing peritoneal outpouchings arising from the serosal surface of the colon, and epiploic appendagitis (EA) is the inflammation of these appendages.¹ It mimics acute appendicitis and therefore creates a diagnostic conundrum for the clinicians. We present a challenging case of EA in a 36-year-old Nepalese female with a past medical history of appendectomy who presented multiple times to the emergency department (ED) with lower abdominal pain and burning micturition and was managed symptomatically. During the 5th encounter with ED, she presented with left-sided flank pain radiating to the groin. CT scan of the abdomen was performed to look for renal stones and revealed EA, as shown in Figure 1. She was managed conservatively with analgesics and anti-inflammatory drugs. She remained stable in her further follow-up.

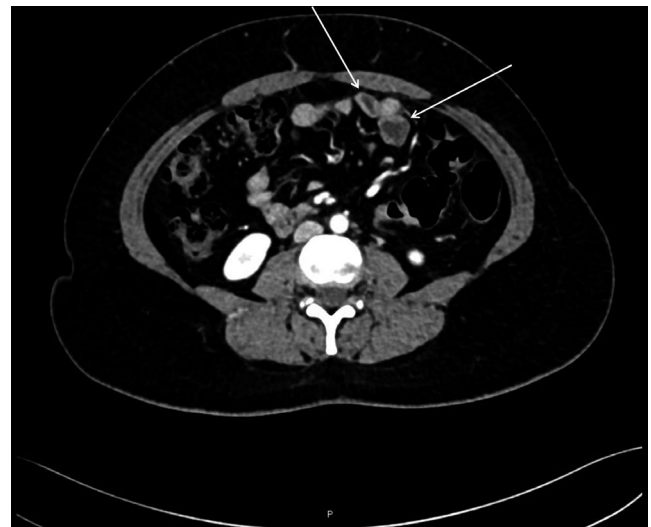


FIGURE 1 Axial view of CT abdomen at the level of L4 vertebra. It shows at least two structures arising from anterior wall of descending colon with surrounding fat stranding representing epiploic appendagitis

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Epiplonic appendagitis is easily missed and leads to unnecessary investigations. EA awareness among clinicians with proper physical examination and diagnostic tests through CT scan can achieve optimum patient care to avoid complications like torsion, infarction, and necrosis of the colonic appendages.^{1,2} Surgical management is required in refractory cases.²

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CONFLICT OF INTEREST

In compliance with the ICMJE uniform disclosure form, all authors declared no conflict of interest.

AUTHOR CONTRIBUTIONS

Phool Iqbal involved in case identification, writing, review and editing the manuscript. Muhammad Murtaza involved in review, writing, and editing the manuscript. Hafiz Waqar Younis involved in writing the manuscript. Muhammad Abd Ur Rehman involved in literature review. Ammara Bin I Bilal involved in image and diagnostic contribution. Sushil Niraula involved in supervision of the study.

ETHICAL APPROVAL

The study is conducted ethically in accordance with the World Medical Association Declaration of Helsinki.

CONSENT

An informed written consent was obtained from the patient for publication of this article after anonymizing all the personal details.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

ORCID

Phool Iqbal  <https://orcid.org/0000-0003-3472-9281>

Muhammad Murtaza  <https://orcid.org/0000-0002-0528-6170>

Muhammad Abd Ur Rehman  <https://orcid.org/0000-0002-2566-3826>

Ammara Bint I Bilal  <https://orcid.org/0000-0002-0219-1678>

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