Chilaiditi Sign: Rare Incidental Finding on Chest Radiograph

Krystal Garcia, BS* John Ashurst, DO, MSc⁺ *Edward Via College of Osteopathic Medicine, Carolinas Campus, Spartansburg, South Carolina [†]Duke Lifepoint Memorial Medical Center, Department of Emergency Medicine, Johnstown, Pennsylvania

Section Editor: Sean O. Henderson, MD Submission history: Submitted September 13, 2015; Revision received September 21, 2015; Accepted October 1, 2015 Electronically published December 11, 2015 Full text available through open access at http://escholarship.org/uc/uciem_westjem DOI: 10.5811/westjem.2015.10.28653 [West J Emerg Med. 2015;16(7):1206-1207.]

A 68-year-old male with a history of prostate cancer presented with a two-day history of fever and left flank pain. Vital signs included a temperature of 39.4 degrees Celsius with 93% oxygen saturation and heart rate of 112 beats per minute. An upright chest radiograph showed concern for free intraperitoneal air (Figure) with a white blood cell count of 17.3. A computed tomography of the abdomen and pelvis revealed a Chilaiditi sign with pyelonephritis, which was confirmed on urinalysis. He was admitted for intravenous antibiotics.

DISCUSSION

Chilaiditi sign, also called pseudopneumoperitoneum,

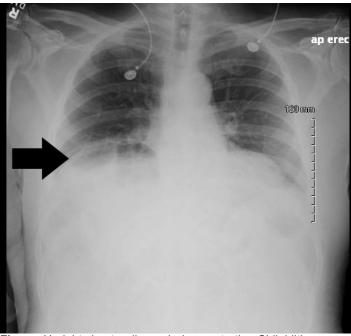


Figure. Upright chest radiograph demonstrating Chilaiditi sign (pseudopneumoperitoneum) mimicking apparent free intraperitoneal air under the right hemidiaphragm.

is named after the Greek radiologist, Dmitri Chilaiditi, who first described it in 1910.¹ It is an interposition of bowels between the liver and right diaphragm and appears as free air on chest radiograph.^{2,3} This sign is found in <0.3% of the population with highest incidence in elderly males.² To diagnosis Chilaiditi sign, the following criteria must be met: (1) right hemidiaphragm must be elevated above liver by intestine, (2) bowel must be distended by air, (3) and the superior margin of the liver must be depressed below the level of the left hemidiaphragm.

If symptomatic, this is referred to as Chilaiditi syndrome, which can manifest as abdominal or cardiac symptoms with self-resolution or chronicity.^{1,2} Usually only conservative treatment is required for patients with Chilaiditi syndrome, but surgery may be needed for severe cases.¹ The emergency physician should be aware of this condition as a potential mimicker of intraperitoneal free air on chest radiograph.

Address for Correspondence: John Ashurst, DO, MSc, Duke Lifepoint Memorial Medical Center, Department of Emergency Medicine, Johnstown, PA 15905. Email: ashurst.john.32. research@gmail.com.

Conflicts of Interest: By the *West*JEM article submission agreement, all authors are required to disclose all affiliations, funding sources and financial or management relationships that could be perceived as potential sources of bias. The authors disclosed none.

Copyright: © 2015 Garcia et al. This is an open access article distributed in accordance with the terms of the Creative Commons Attribution (<u>CC BY 4.0</u>) License. See: <u>http://creativecommons.org/licenses/by/4.0/</u>

REFERENCES

- Lekkas CN and Lentino W. Symptom-producing interposition of the colon. Clinical syndrome in mentally deficient adults. *JAMA*. 1978;240(8):747-50.
- 2. Jangouk P, Zaidi F, Hashash JG. Chilaiditi's Sign: A Rare Cause of Abdominal Pain. *ACG Case Rep J.* 2013;1(2):70-1.
- Kang D, Pan AS, Lopez MA, et al. Acute Abdominal Pain Secondary to Chilaiditi Syndrome. *Case Rep Surg.* 2013;2013:756590.