


IMAGES IN EMERGENCY MEDICINE

Gastrointestinal

Woman with epigastric pain after massageZiyou Zhong MM^{1,2} | Yufeng Xing MD³ | Yabin Wu MM¹ | Shaoju Guo MM^{1,2} ¹Department of Gastroenterology, Shenzhen Traditional Chinese Medicine Hospital, Shenzhen, Guangdong Province, China²The Fourth Clinical Medicine School of Guangzhou University of Chinese Medicine, Shenzhen, Guangdong Province, China³Department of Hepatology, Shenzhen Traditional Chinese Medicine Hospital, The Fourth Clinical Medicine School of Guangzhou University of Chinese Medicine, Shenzhen, Guangdong Province, China**Correspondence**

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1 | PATIENT PRESENTATION

A 60-year-old woman presented to the emergency department (ED) with a 2-day history of progressively worsening epigastric pain after massage. She had neither fever, vomiting, nor diarrhea. Physical examination revealed significant tenderness and guarding in epigastrium. Blood tests revealed leucocytosis and high levels of C-reactive protein with D-Dimer. Contrast-enhanced computed tomography (CT) scan of the abdomen was performed (Figures 1 and 2).

2 | DIAGNOSIS**2.1 | Segmental infarction of greater omentum (SIGO)**

Imaging showed a fatty encapsulated mass with soft-tissue stranding located superior to the stomach antrum, accompanied by edema and thickening of the adjacent gastric wall (Figures 1 and 2).

SIGO is a rare cause of acute abdomen,¹ which was classified into primary and secondary types by Leitner in 1952.² The secondary type is associated with abdominal surgery, trauma, tumors, inflammation, and hernia sacs.² The diagnosis is challenging due to unfamiliarity, and the nonspecific nature of symptoms.³ However, CT is now considered the gold standard for preoperative diagnosis with typical



FIGURE 1 Axial contrast-enhanced abdomen computed tomography image showing a fatty encapsulated mass with soft-tissue stranding between the abdominal wall and stomach (arrow).

features demonstrating a triangular-shaped, fat-containing heterogeneous mass between the abdominal wall and the viscera.⁴ Treatment includes conservative and surgical management. A trial of conservative management initially coupled with appropriate imaging should be recommended within the first 24–48 hours.⁵ Timely surgical intervention is required in patients with clinical deterioration.⁵

The patient experienced pain relief following conservative therapy within a week, and the infarction of the greater omentum had completely resolved in a 3-month follow-up CT scan. This is the first

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FIGURE 2 Sagittal contrast-enhanced abdomen computed tomography image showing a fat-containing heterogeneous mass superior to the stomach antrum (arrow).

case report of omental infarction caused by massage, which highlights the importance of further research to raise awareness.

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