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A patient with abdominal distension

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KEYWORDS

Diagnostic imaging, intestinal obstruction, small bowel faeces sign

CASE REPORT

A 74-year-old woman was admitted to our hospital because of vomiting and abdominal pain. She had been well until 24 hours before admission, when she had had her last meal. She had not eaten anything unusual.
She developed pain in the left lower abdominal quadrant, and difficulties with her bowel movements. An enema was given unsuccessfully. There was progressive distension of the abdomen. The patient started to vomit gastric and later bilious contents. No history of abdominal symptoms or weight loss was reported. She currently takes oral antidiabetic agents and an angiotensin II blocker because of hypertension. On physical examination she was not in distress and was afebrile, blood pressure 130/100 mmHg, pulse rate 88 beats/min. On auscultation increased bowel sounds with rushes of high-pitched sounds were heard. Her abdomen was distended and a large tender mass filling the whole left lower quadrant without signs of peritoneal irritation was found. There were no faeces on rectal examination. The leucocyte count was 10.2 mmol/L, haemoglobin 7.2 mmol/L, C-reactive protein 36mg/l and lactate dehydrogenase 535 U/l.
Under suspicion of a mechanical bowel obstruction without signs of peritonitis, the patient was treated with a nasogastric tube, fasting and enemas on which she improved.
An abdominal X-ray in bed taken on day two showed no bowel distension (*figure 1*). After removing the nasogastric tube on day two the nausea returned. Abdominal examination was unchanged. An abdominal computed tomography (CT) scan after drinking oral contrast and intravenous contrast was performed (*figure 2*).

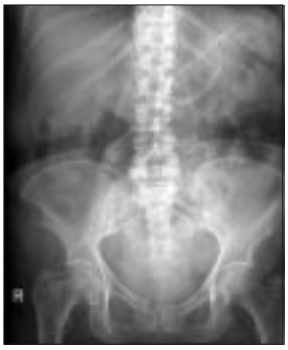

Figure 1
Abdominal X-ray on day 2

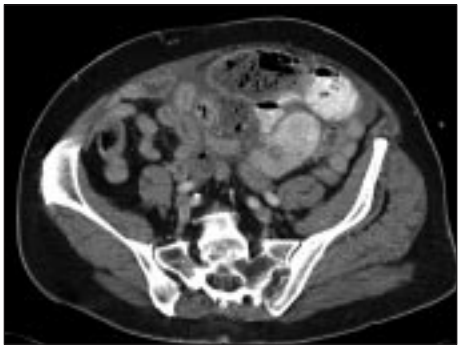

Figure 2
Abdominal CT after drinking oral contrast

WHAT IS YOUR DIAGNOSIS?

See page 187 for the answer to this photo quiz.