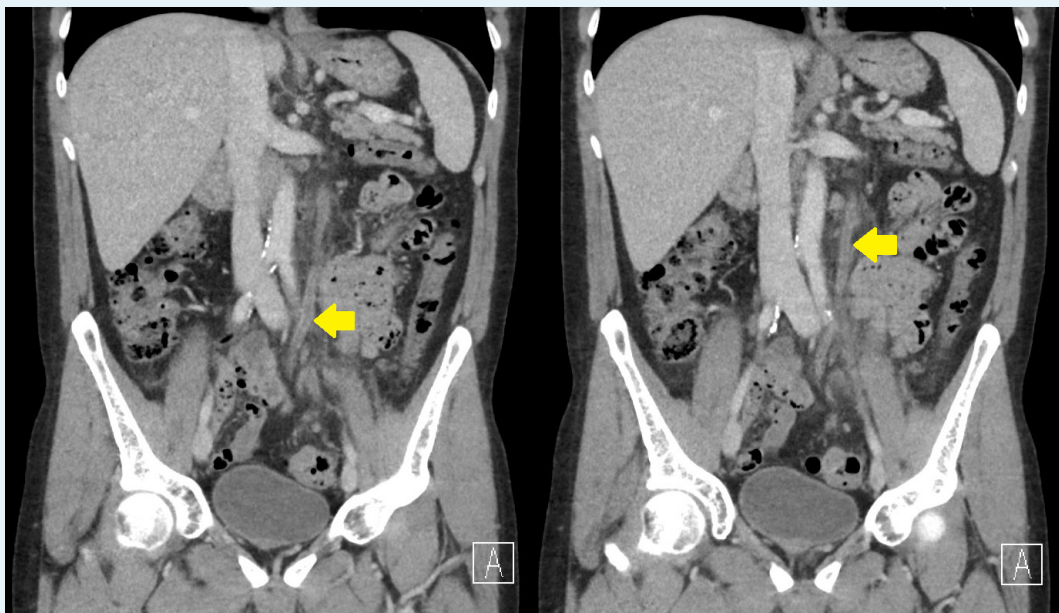


Sharp abdominal and scrotal pain

W. van 't Hart^{1*}, I.J.S.M.L. Vanhooymissen², S.M. Pasha

Departments of ¹Internal Medicine and ²Radiology, Haaglanden Medical Centre, the Hague, the Netherlands. *Corresponding author: wvthart90@gmail.com

Figure 1. Two coronal sections of the computed tomography scan of the abdomen



The abnormality is identified with the yellow arrows.

CASE REPORT

A 58-year-old, previously healthy man presented to the emergency department. He complained of a progressive, paroxysmal sharp pain in the lower left abdomen accompanied by scrotal pain. Other symptoms were nausea, vomiting, non-bloody, watery stools and non-painful micturition with urge complaints.

We saw a haemodynamic stable, but painful patient without fever. Normal bowel sounds were heard upon abdominal auscultation. Palpation was painful, in particular, in the lower left abdomen. No abnormalities were found with scrotal examination.

Laboratory findings showed leucocytosis of $13.3 \times 10^9/l$ (normal $4-10 \times 10^9/l$) and a C-reactive protein of 172 mg/l

(normal 0-8 mg/l) in addition to diffuse liver chemistry abnormalities. Abdominal ultrasound showed thickening of the colon with fat infiltration of the mesenteric fat, especially in the lower left abdomen.

A computed tomography (CT) scan with intravenous contrast of the abdomen demonstrated diverticulitis of the sigmoid colon and the abnormality, as indicated in the images (figure 1).

WHAT IS YOUR DIAGNOSIS?

See page 207 for the answer to this photo quiz.