

# Epiploic Appendagitis: A Diagnosis In Disuse

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## Abstract

**Introduction:** Epiploic appendagitis (EA) is an unusual, benign and self-limited clinical condition. The diagnosis is made by abdominal computed tomography (CT) and the treatment is conservative. The wrong diagnosis can lead to hospitalizations, antibiotics and unnecessary surgical intervention.

**Case report:** Female patient, 38 years old, with abdominal pain in the left iliac fossa for 4 days. Laboratory exams with no abnormalities, and abdominal tomography (CT) showed smearing of the anti-mesenteric border and thickening of the adjacent fascia. The diagnostic hypothesis of EA was made, analgesic and anti-inflammatory prescribed for home treatment, with complete remission of the condition in 7 days.

**Discussion and conclusion of the case:** EA is a rare entity with low incidence, however it should be considered as a diagnostic hypothesis when it comes to acute abdomen in the emergency. The diagnosis of early EA aims to avoid the use of medications and unnecessary surgical intervention.

## Introduction

The omental appendages are projections of the outer surface of the colon, filled with fat, covered with serosa and projecting into the peritoneal cavity. Epiploic appendagitis (EA) is an unusual, benign and self-limiting clinical condition [1]. It results from the spontaneous venous torsion or thrombosis of the veins that drain the epiploic appendages [2]. It manifests as acute abdominal pain. The diagnosis is made by computed tomography (CT) of the abdomen and the treatment is conservative. The wrong diagnosis can lead to hospitalizations, antibiotics and unnecessary surgical intervention [3].

## Case Report

A 38-year-old female patient arrives at the emergency department complaining of continuous colic abdominal pain associated with vomiting and diarrhea for 4 days. She denies fever and urinary disorders. Upon examination, the abdomen was painful on palpation of the lower floor, especially in the left iliac fossa, with reduced hydro-air noises. Laboratory tests including blood count and urine tests were normal. Abdominal CT showed smearing of

the anti-mesenteric border and thickening of the adjacent fascia (Figure 1), with a diagnostic hypothesis of EA.



**Figure 1:** CT scan of the abdomen with an oval lesion (fat density) located in the left iliac fossa.

Prescribed analgesics and anti-inflammatory drugs for outpatient treatment with favorable evolution, with total remission of symptoms in 7 days.

## Discussion

Approximately 50 to 100 epiploic resources are present throughout the colon, with predominance in the transverse and sigmoid colon, ranging from 0.5 to 5 cm [1]. EA is a benign clinical condition, which occurs secondarily in spontaneous venous torsion or thrombosis of the veins that drain the epploid appendages [1-2].

The usual clinic is for acute abdominal pain located in the lower left quadrant, which may mimic acute abdomen, leading to an incorrect diagnosis of appendicitis or acute diverticulitis. There may be an increase in leukocytes in the blood and an increase in the erythrocyte sedimentation rate, without urinary changes [4].

The diagnosis is made through abdominal CT, with a finding of paracolic, oval mass, from 1 to 5 cm, with fat density, accompanied by thickening of the peritoneal lining and attenuation of periappendicular fat [5-6].

Treatment is conservative, on an outpatient basis and dispenses with the use of antibiotics or surgical treatment. It consists of the administration of analgesics and anti-inflammatory drugs, with complete improvement of symptoms [7-8].

## Conclusion

EA is a rare entity with low incidence, but it should be considered as a diagnostic hypothesis when it comes to acute

abdomen in the emergency. The diagnosis of early EA aims to avoid the use of medications and unnecessary surgical intervention.

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