A Case of the 10 days

Case 142

This week, we present four cases (Case 1–4) with the lesion in sigmoid colon. The clinical information and images on CT and MRI with figure legends are documented in Figs (1–4).

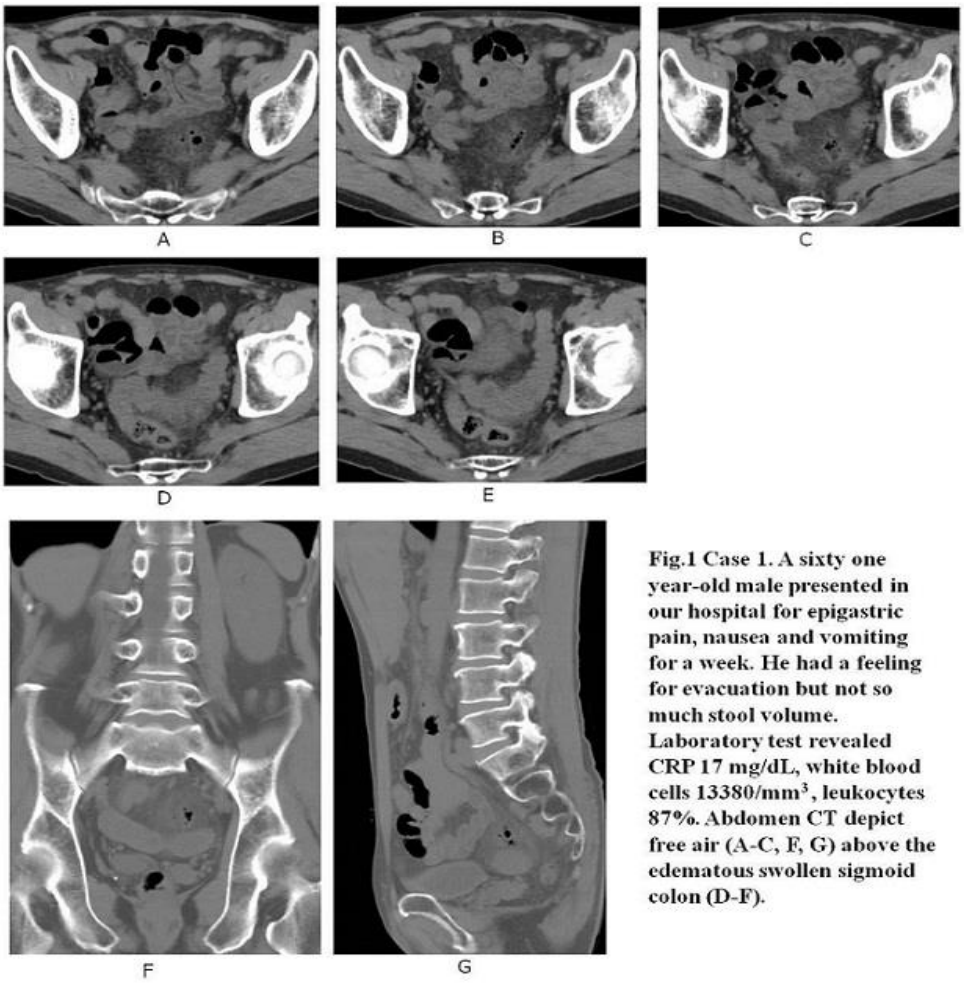

Fig.1 Case 1. A sixty one year-old male presented in our hospital for epigastric pain, nausea and vomiting for a week. He had a feeling for evacuation but not so much stool volume. Laboratory test revealed CRP 17 mg/dL, white blood cells 13380/mm^3, leukocytes 87%. Abdomen CT depict free air (A-C, F, G) above the edematous swollen sigmoid colon (D-F).

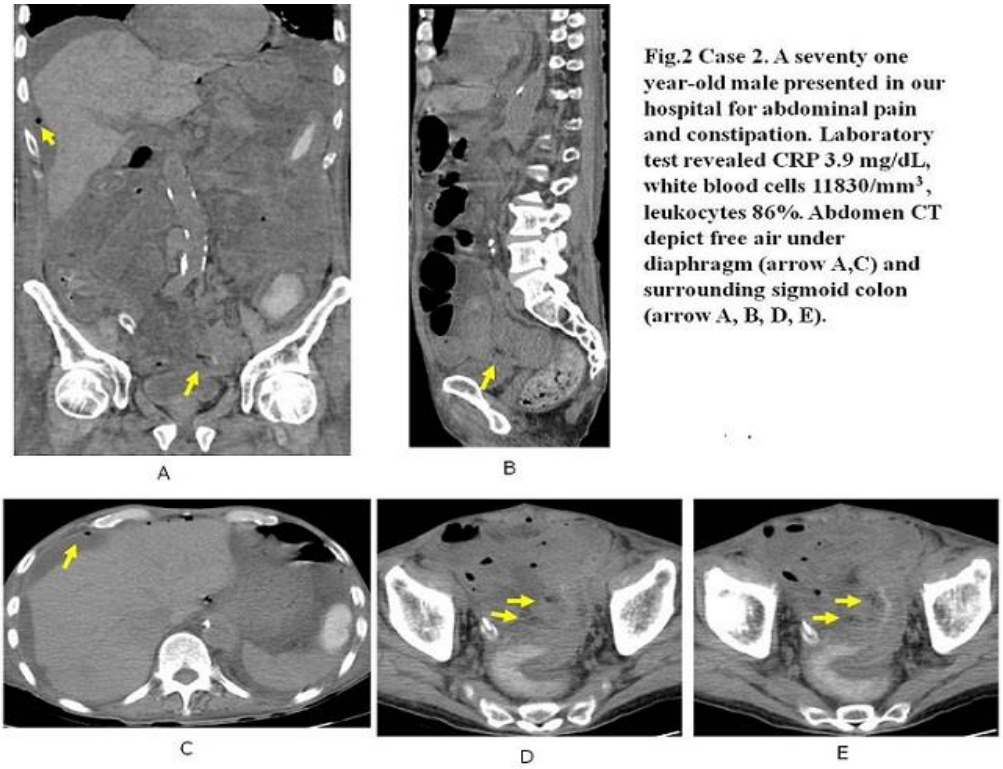

Fig.2 Case 2. A seventy one year-old male presented in our hospital for abdominal pain and constipation. Laboratory test revealed CRP 3.9 mg/dL, white blood cells 11830/mm^3, leukocytes 86%. Abdomen CT depict free air under diaphragm (arrow A,C) and surrounding sigmoid colon (arrow A, B, D, E).

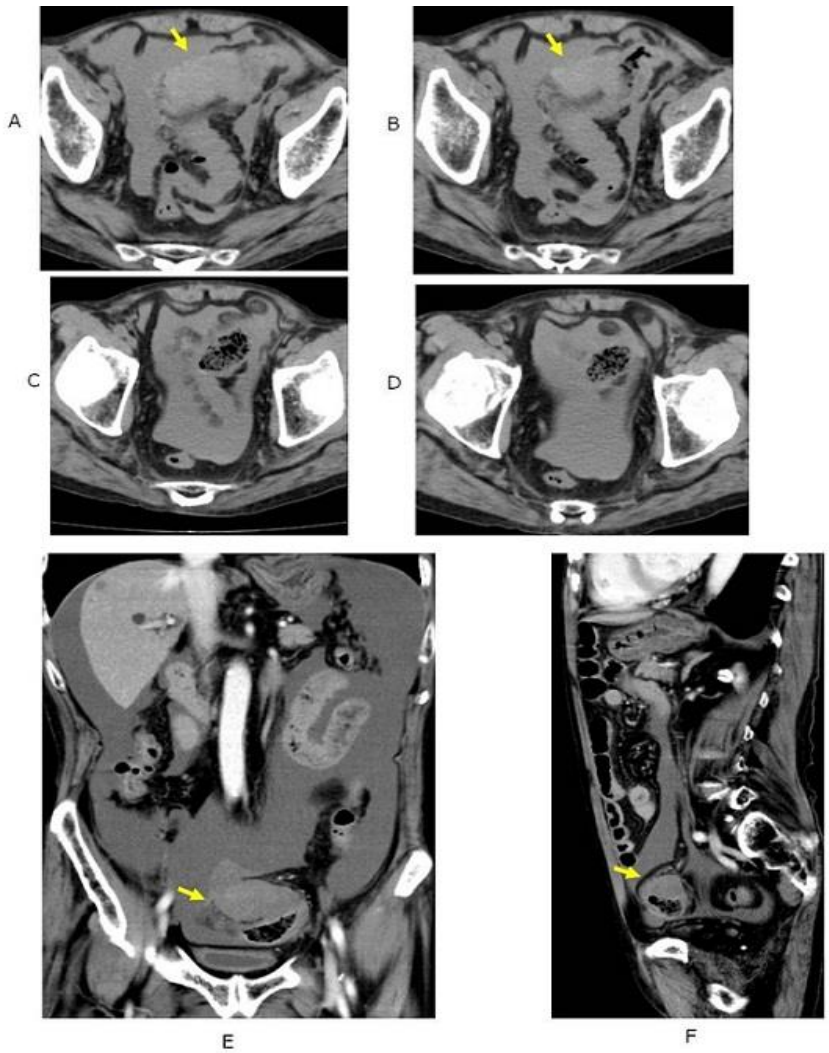

Fig. 3 Case 3. An eighty seven year-old male felt general fatigue and attempted to go to a hospital but he could not move in front of the entrance door, then, his wife called an ambulance car and he was transmitted to our hospital. He was given Wafarin for atrial fibrillation. Medical examination showed his SpO2 was 85% under room air. Laboratory test revealed CRP 2.21 mg/dL, white blood cells 135000/mm^3, leukocytes 87%. Hemoglobin 8.5g/dL, PTINR 3.6, platelet 152000/mm^3, D dimer 19.4 μg. Abdomen CT depict a mild high density mass (A, B, F arrow) connected to the thickened sigmoid colon wall with mild high attenuation ascites (A-F) .

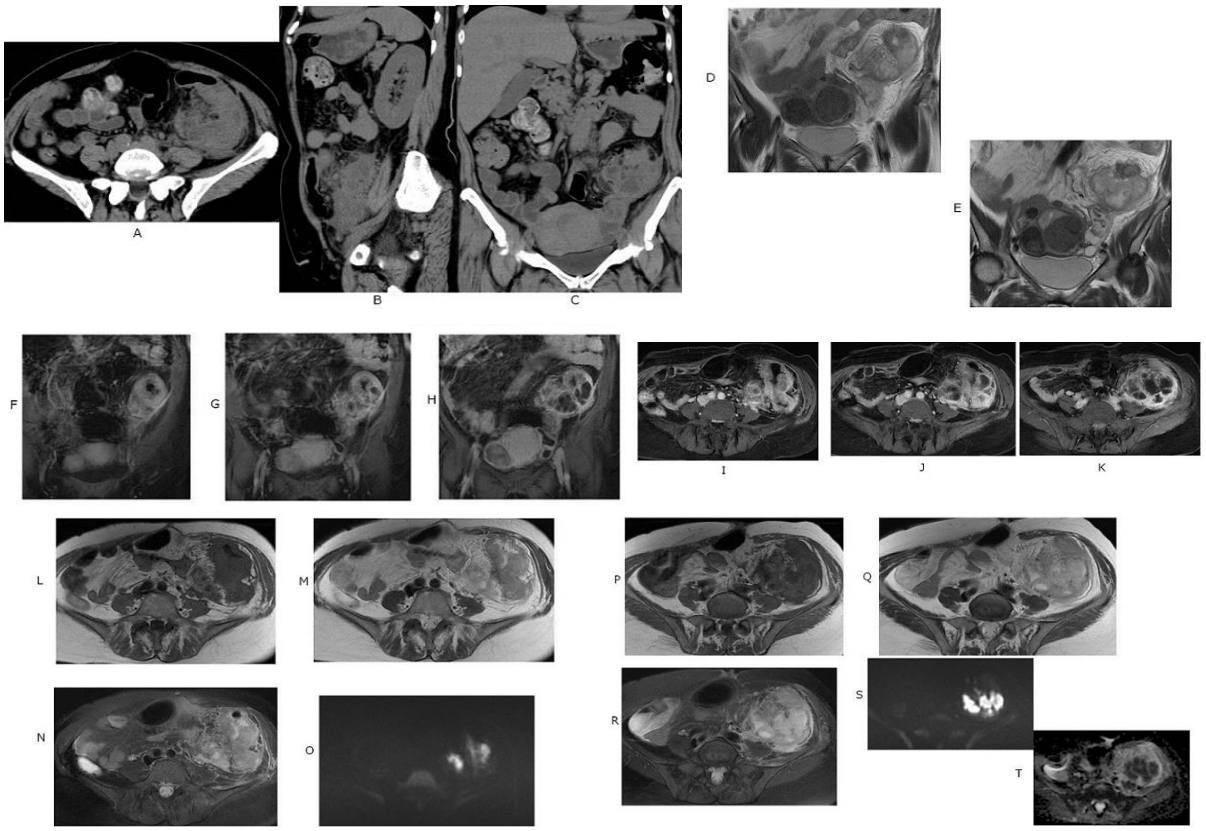

Fig. 4 Case 4. A sixty two year-old female presented in our hospital for lower abdominal pain and fever. She found thin stool after defecation for the previous two months. Laboratory test revealed CRP 16.9 mg/dL, white blood cells 17720/mm^3,leukocytes 85%. Abdomen CT depict a large mass with mixed density of iso- and low density adjacent to the sigmoid colon (A – C). Coronal images of MRI with T2WI (D, E) and Gd enhanced MRI (F-H) depict the lesion arisen from submucosal layer and grown extra-bowel. Note that MRI with both sequences is useful to differentiate the lesion from the bowel wall. Axial images with Gd-enhanced MRI (I-K) depict the lesion grown mainly from submucosal layer. Axial images with T1WI (L,P), T2WI (M,Q), Fat suppression T2WI (N, R), DWI (O, S) and ADC map (T) depict the lesion arisen from sigmoid colon and marked high signal intensity on DWI and lowering ADC map corresponded to the lesion.

What is the correct combination of imaging diagnosis?

a. Case 1 – sigmoid colon perforation

b. Case 2 – sigmoid colon perforation with colon cancer

c. Case 3 – sigmoid colon hematoma

d. Case 4 – sigmoid colon abscess

1. a, b, c **2. a, c, d** **3. b, c, d** **4. all**

answer