

## A Case of the 10 days

### Case 388

An-eighty-five-year-old female was transported to our hospital by an ambulance car for lower abdominal pain and diarrhea. She had experienced diarrhea more than 10 times with abdominal pain since 4pm the previous day. Laboratory test revealed white blood cells 12370/mm<sup>3</sup>, CRP 31.34 mg/dL, lactose 2.60 (< 2.50mmol/L), procalcitonin 4.6mg/dL. She took abdomen non-enhanced CT (Figs.1, 2), a few hours later followed by contrast-enhanced CT (Figs. 3,4).

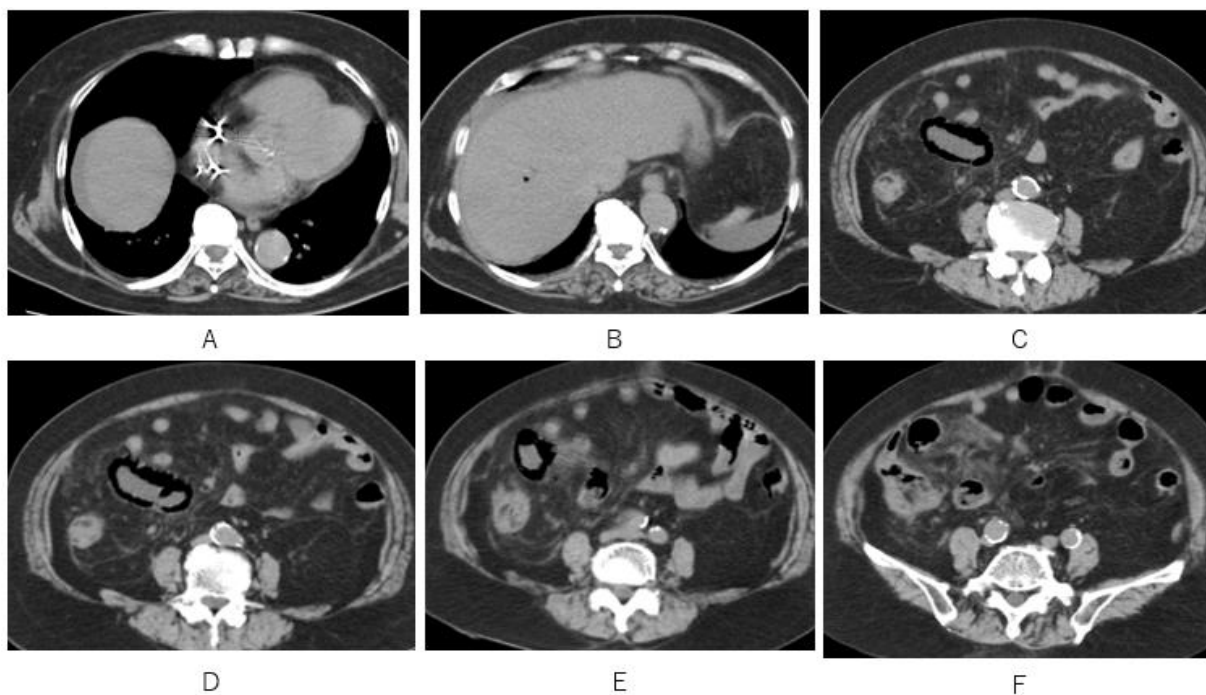


Fig.1 Small ascites(A), very small gas in the liver (B), emphysematous small intestine (C-E), and mesenteric edema (E, F) are depicted on non-enhanced axial CT.

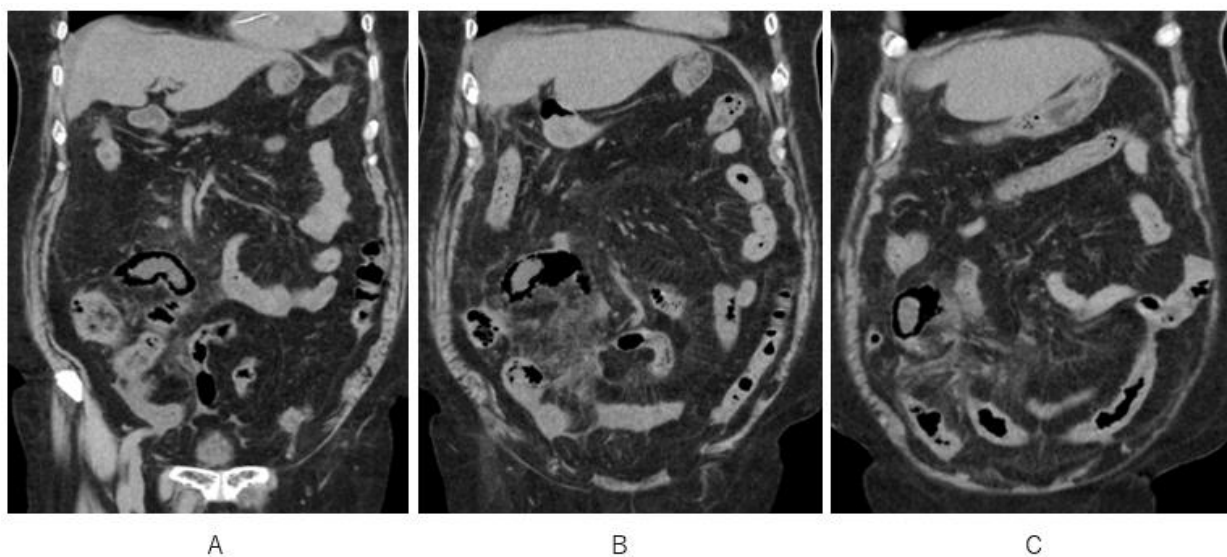


Fig.2 Small ascites(A, B), emphysematous small intestine (A-C), and mesenteric edema (B, C) are depicted on non-enhanced corona CT.

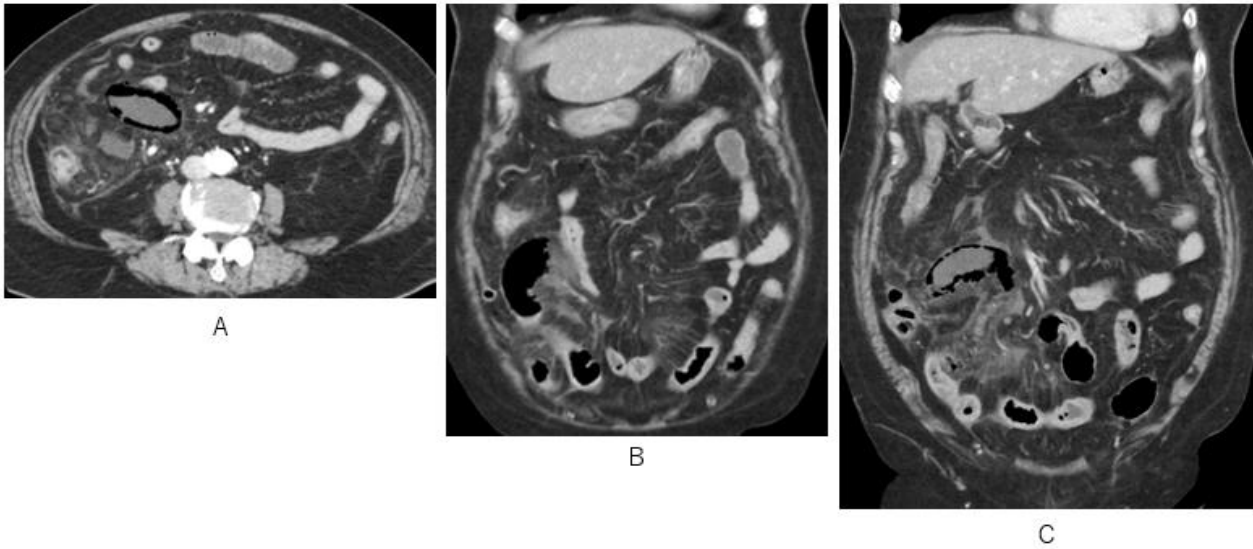
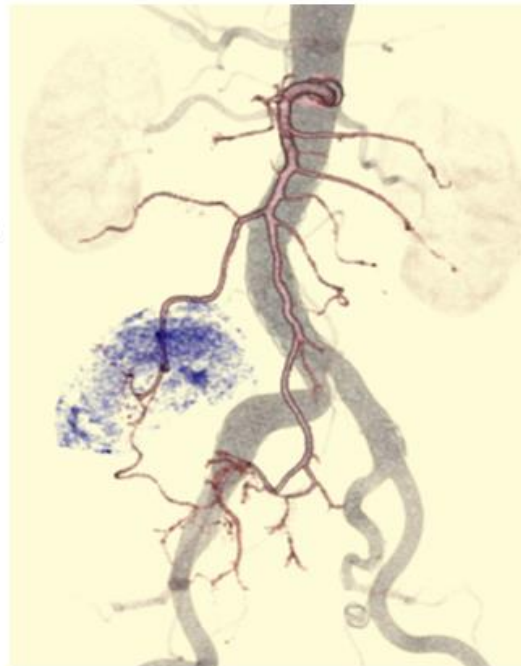


Fig. 3 Emphysematous small bowel with mesenteric edema (A-C) is depicted on contrast-enhanced CT. Note that superior mesenteric branch arteries hold patency in their lumens.

Fig.4 Superior mesenteric artery branches reach the emphysematous small bowel with no evidence of occlusive changes on volume-rendered 3D image.



## What is the imaging diagnosis?

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1. **Strangulation ileus**
2. **Infectious bowel disease**
3. **Obstructive mesenteric ischemia**
4. **Non-obstructive mesenteric ischemia**
5. **Benign pneumatosis cystoides intestinalis**

answer

2025.5.30