A Case of the Week

Case 409

A fifty-three-year-old female presented in our hospital for abdominal pain persistent for two days. The past illness history revealed she experienced appendectomy in the past. Laboratory test revealed white blood cells 12420/mm³, CRP 0.14 mg/dL. She took abdomen CT, indicative of small intestine dilatation (ileus), followed by contrast-enhanced CT (Figs. 1, 2).

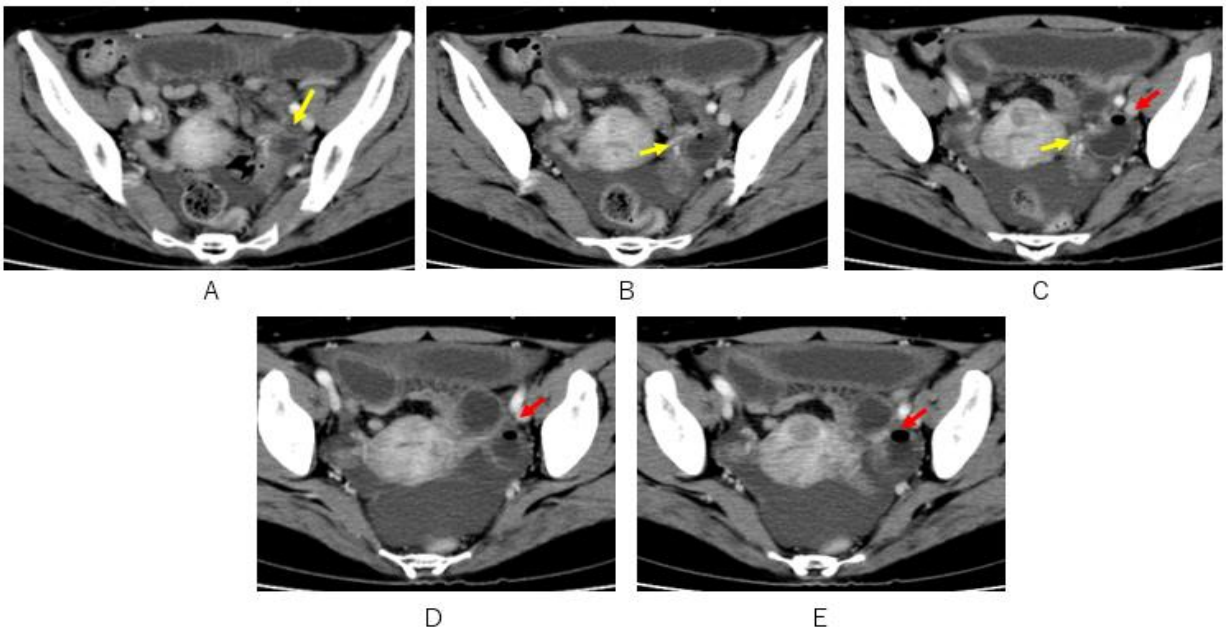

Fig.1 A localized Magatama (sea cucumber)-shaped dilated small bowel at the left side of uterus is depicted on contrast-enhanced CT(A-C). Left edge of the dilated small intestine indicates the transition knot between the dilated closed loop and the dilated oral-sided small intestine (C, D, E red arrow), while right edge of the dilated small bowel indicates another transition knot between the dilated closed loop and anal-sided constrictive small bowel (A-C, yellow arrow).

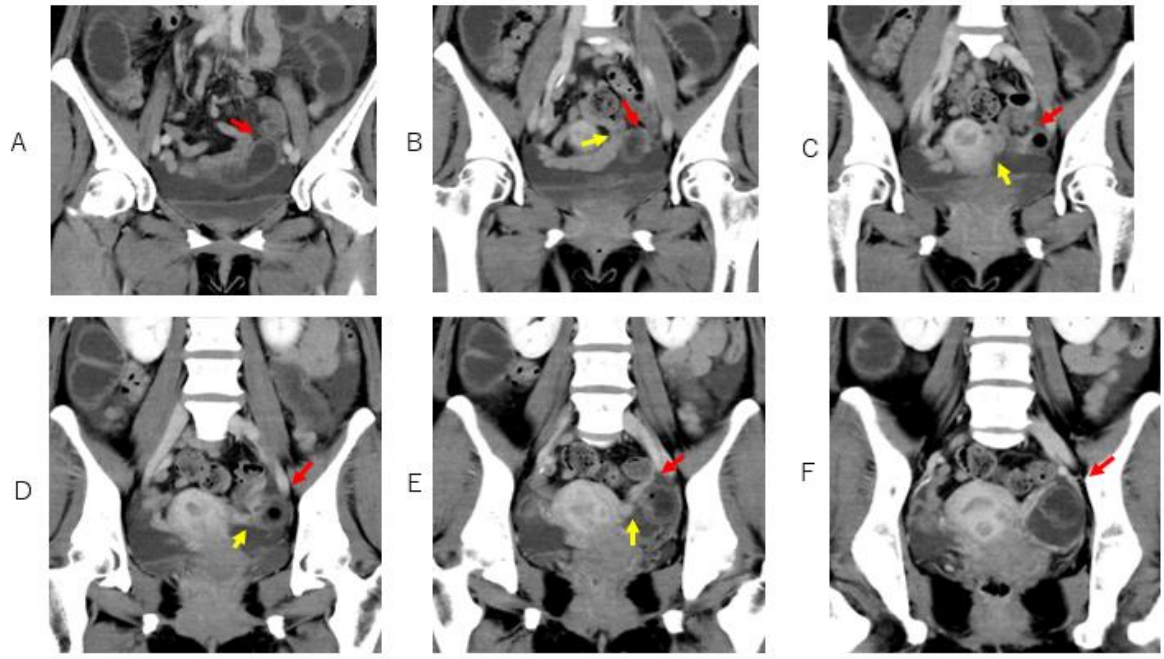

Fig.2 There are accumulation of dilated small bowels and constrictive bowels at left side of the uterus. An edge of Magatama (sea cucumber)-shape dilated small bowel is connected to dilated oral-sided dilated small bowel (A-F, red arrow) and another edge of Magatama-shape dilated small bowel is connected to anal-sided constrictive small bowel.

What is a possible imaging diagnosis?

1. **Non-occlusive mesenteric ischemia**
2. **Occlusive mesenteric ischemia (mesenteric artery embolism)**
3. **Adhesive ileus**
4. **Broad ligament hernia**
5. **Dietary ileus**

answer

2025.10.24