

A Case of the Week

Case 426

An eighty-two-year-old female was transported by an ambulance for abdominal pain. She did not get lunch except for a bottle of milk. After she got a regular dinner, whose contents were the same as other residents in a care home. She experienced abdominal pain at 8pm. She took abdomen CT for further investigation. She had not experienced surgical treatments in the past (Figs. 1-6).

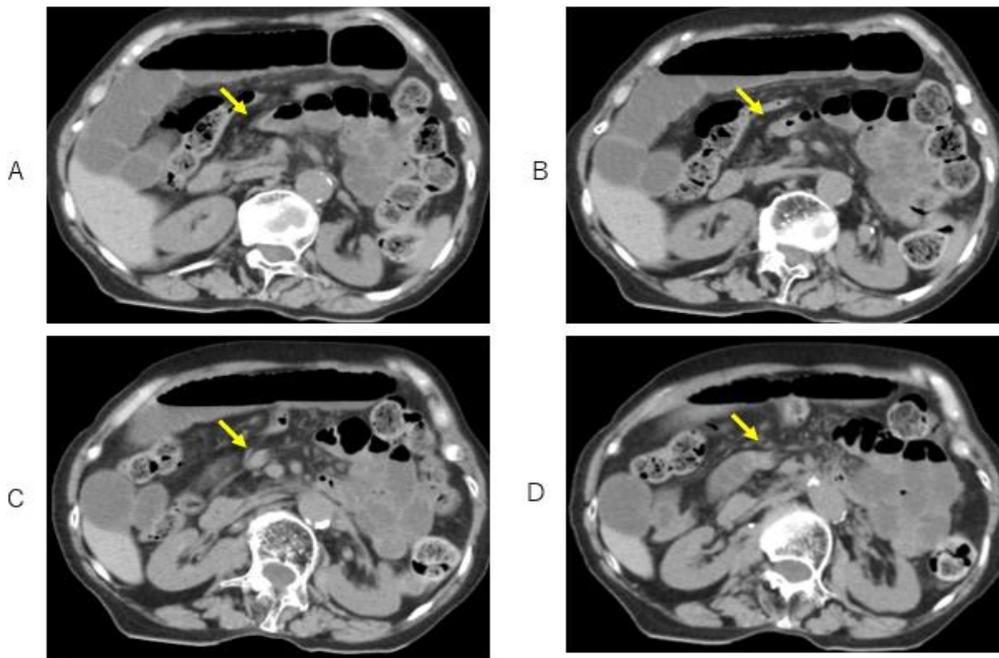


Fig. 1 Small bowel dilatation whose diameter of 3cm or greater is depicted on axial CT images. Transition point of occlusive site is indicated (A-D arrow).

Fig. 2 Small bowel obstruction is depicted on coronal CT image. Occlusive transition point is depicted (arrow).



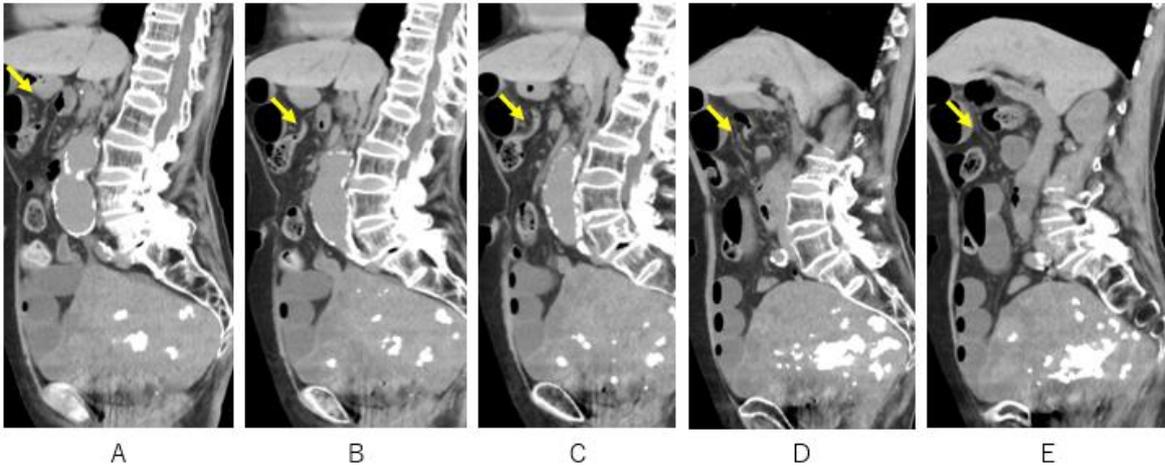


Fig. 3 Occlusive site of small bowel obstruction is depicted on sagittal.

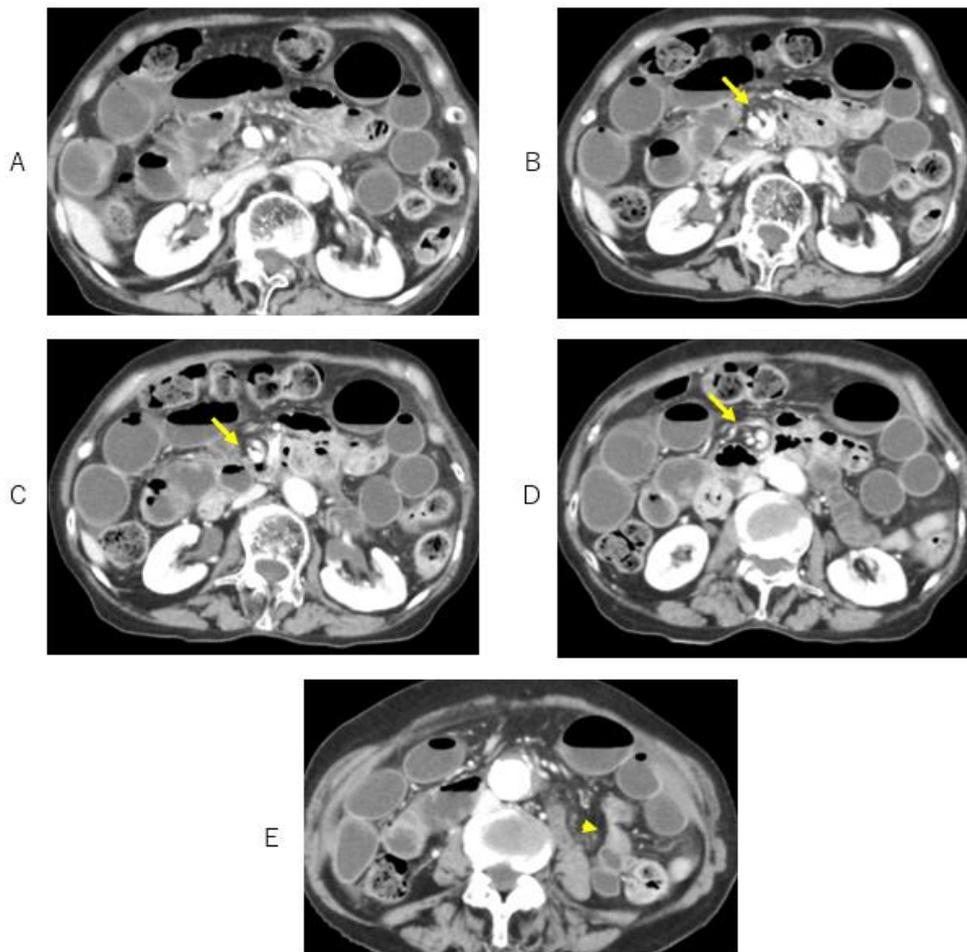


Fig. 4 The following day, mesentery rotation is depicted as whirl sign on contrast-enhanced CT (A-D). The occlusive transposition site is depicted (E).

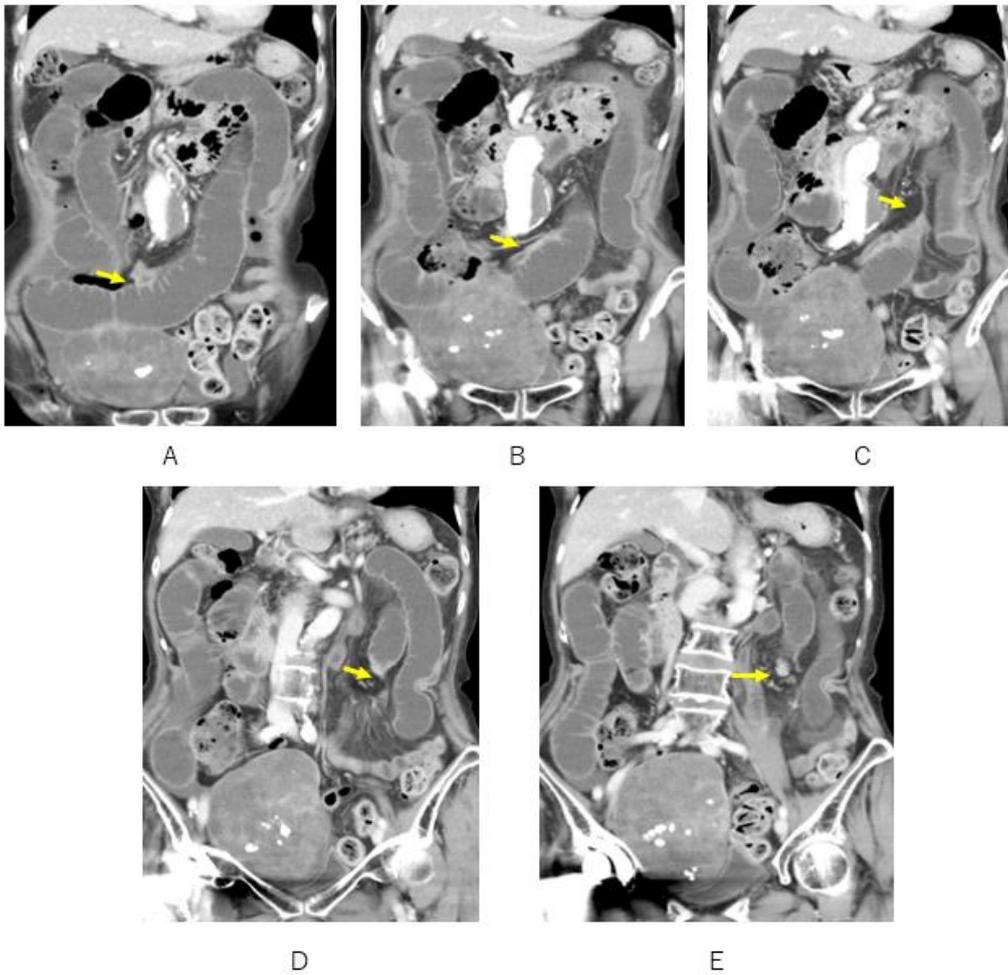


Fig. 5 The following day, occlusive site between dilated small bowel and constrictive small bowel depicted on contrast-enhanced coronal images (A-E, arrow).

What is possible imaging diagnosis?

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1. Complete torsion ileus
 2. Incomplete torsion ileus
 3. Adhesive ileus
 4. Dietary ileus

answer