

# A Case of the Week

## Case 427

An eighty-one-year-old female presented with abdominal fullness in our hospital. She experienced conventional volume of stool excretion two days before but small volume of stool yesterday. She felt slight abdominal pain in her right-sided abdomen. Although she had not experienced nausea, she felt general fatigue with abdomen fullness. She got abdomen CT for further investigation. Several months before, she was admitted and discharged for adhesive ileus. She had received radiation treatment to treat uterine cancer 40 years ago. She took abdomen CT for further investigation (Figs 1-2).

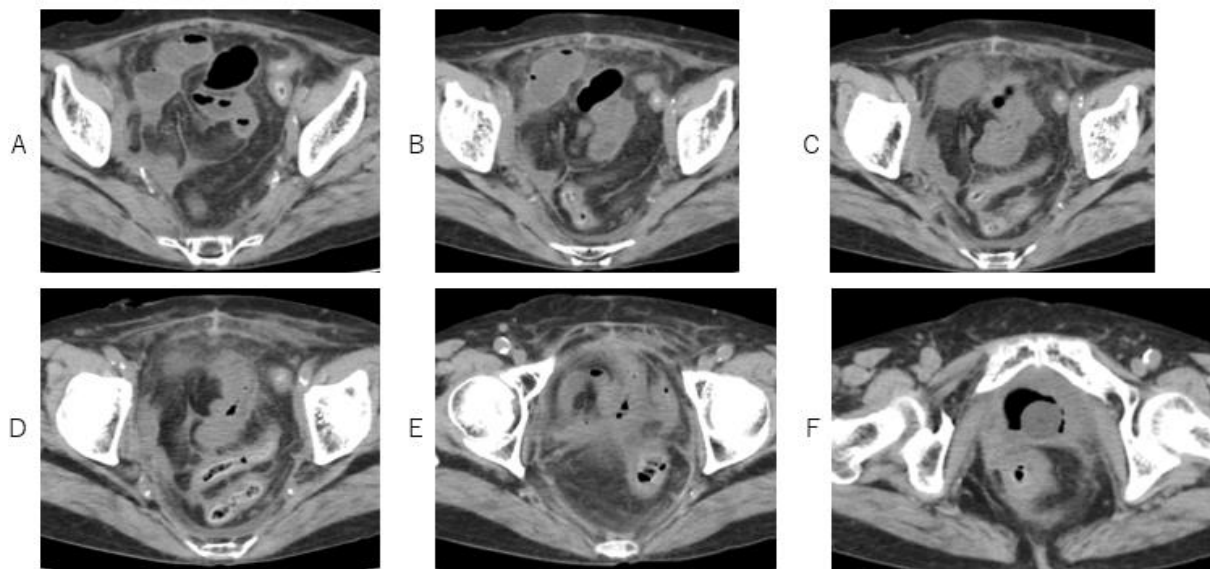


Fig.1 Small bowel dilatation with mural thickening with small ascites is depicted on axial CT (A-E). Note urinary bladder mural thickening is found associated with balloon inflation (F).

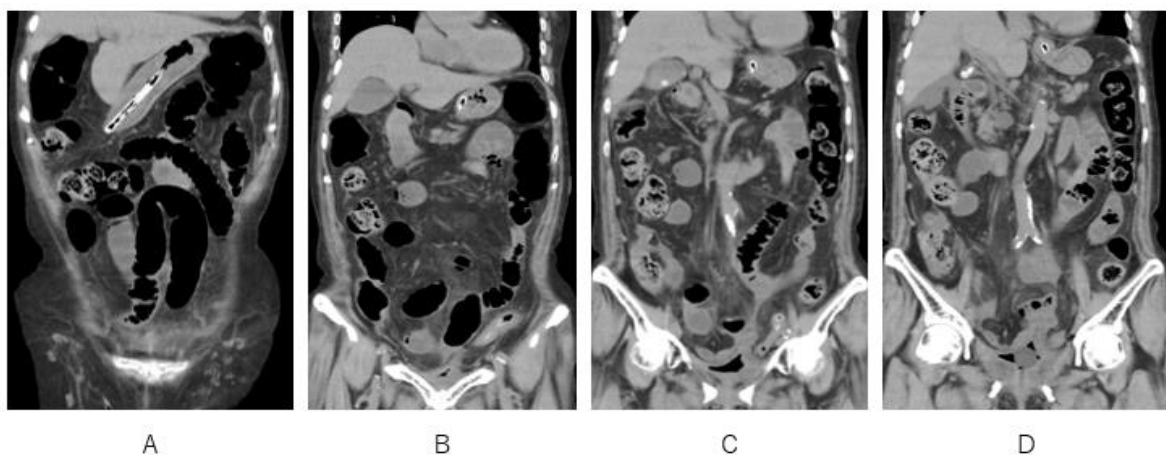


Fig.2 Small bowel dilatation with mural thickening associated with gastric tube insertion is depicted on coronal CT (A-D). Note urinary bladder mural thickening is found associated with balloon inflation (D).

# What is possible imaging diagnosis?

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1. Torsion ileus
2. Cecal internal hernia
3. Adhesive ileus
4. Paralytic ileus

answer

2026.3.27