

A Case of the Week

Case 435

A sixty-six-year-old female presented in our hospital with general fatigue, mild fever, and appetite loss. Persistent fever of 38 centigrade level continued for the previous month. Her family took her for her marked weight loss. Laboratory test revealed white blood cells, 29700/mm³, neutrophils 88.8%, CRP 17.7mg/dL, hemoglobin 5.7g/dL. She took non-enhanced CT first, and thereafter, contrast-enhanced CT with contrast medium for further examination (Figs. 1-6).

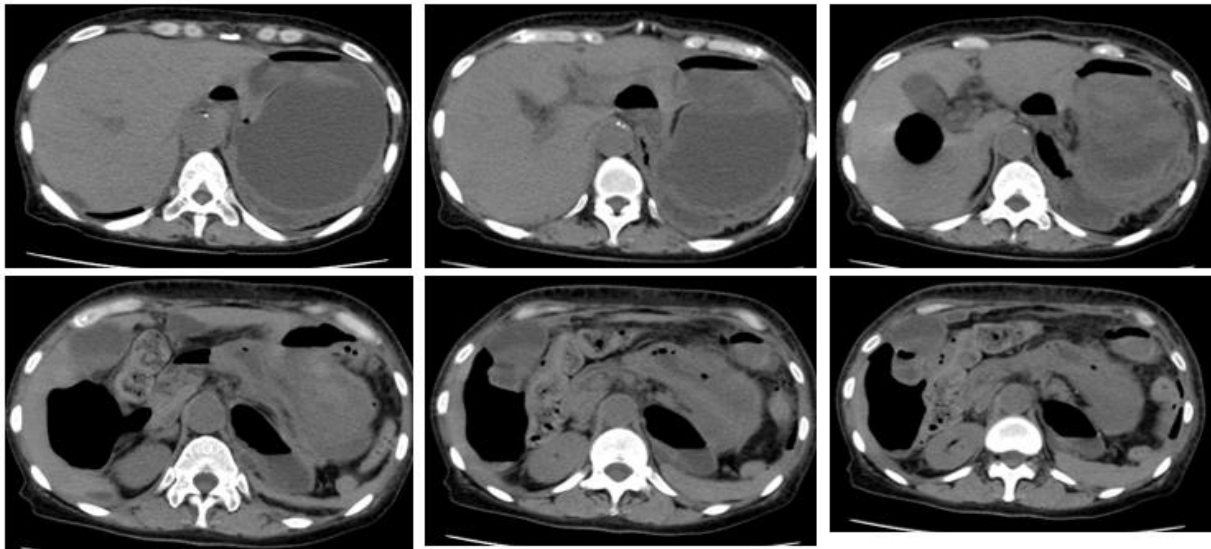


Fig.1 Is it possible to differentiate which is stomach or which is the lesion ?

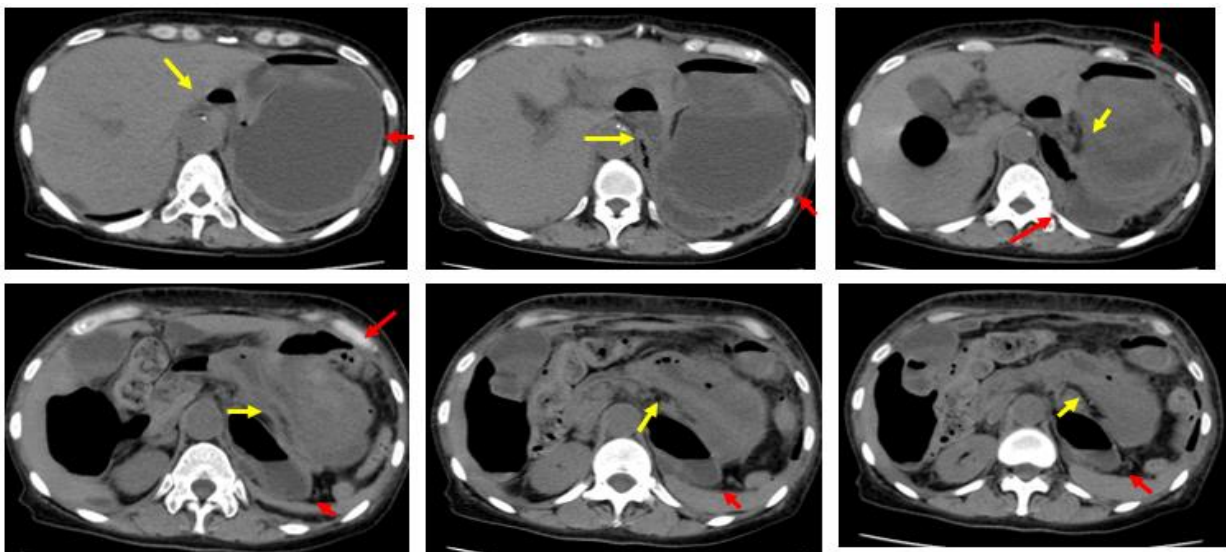


Fig.2 Yellow arrows indicate the stomach compressed by the lesion and red arrows indicate the two lesions of large abscess including massive gas, situating at ventral and dorsal sides of the stomach.

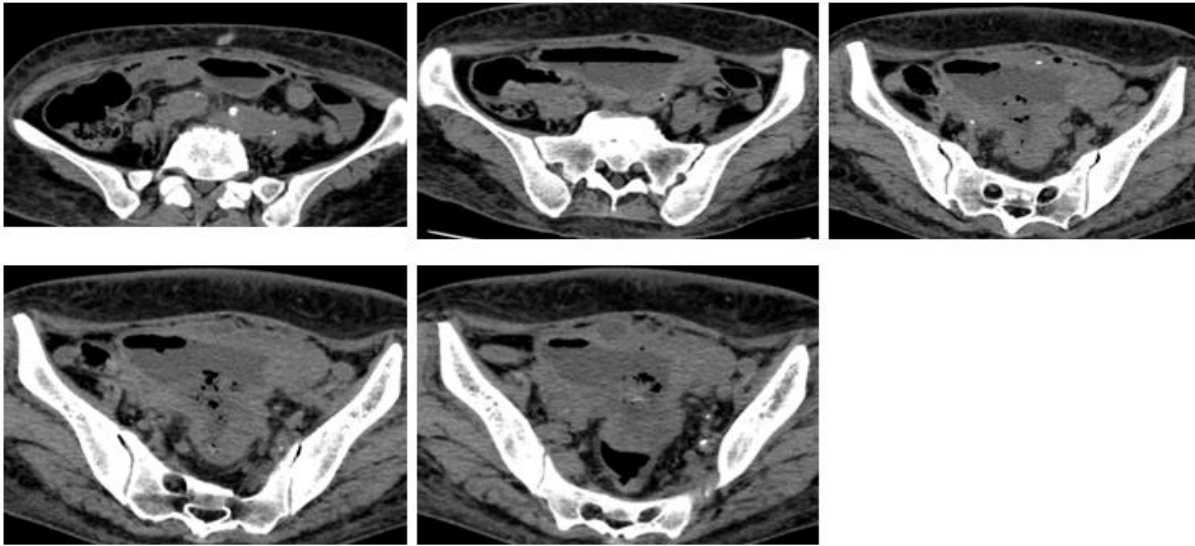


Fig. 3 Is it possible to differentiate which is the lesion or which is the rectum ?

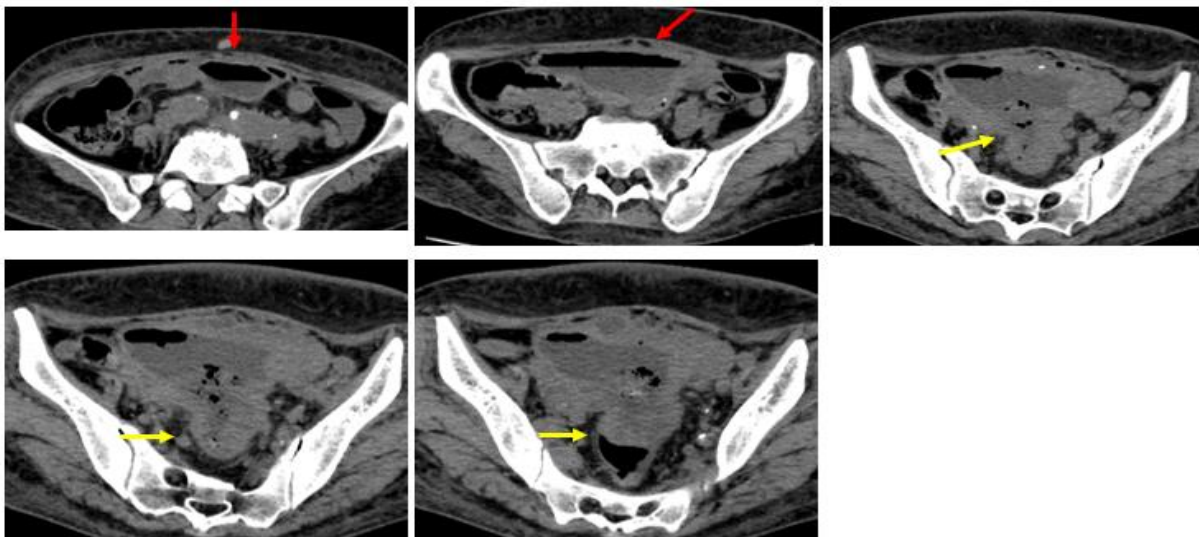


Fig.4 Red arrows indicate the lesion of the large abscess and the yellow arrows indicate rectum compressed by the lesion.

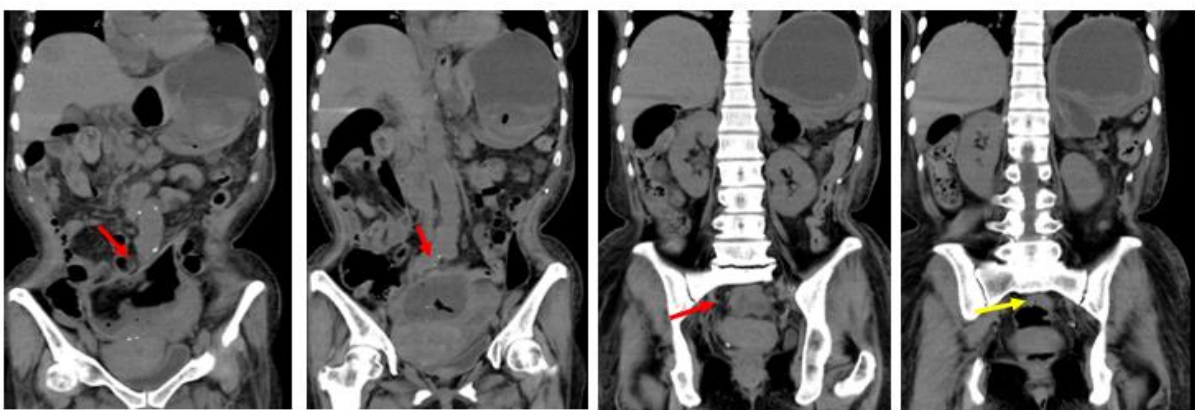


Fig.5 Red arrows indicate the lesion of the abscess including gas. A yellow arrow indicates the fistula from rectum to the lesion.

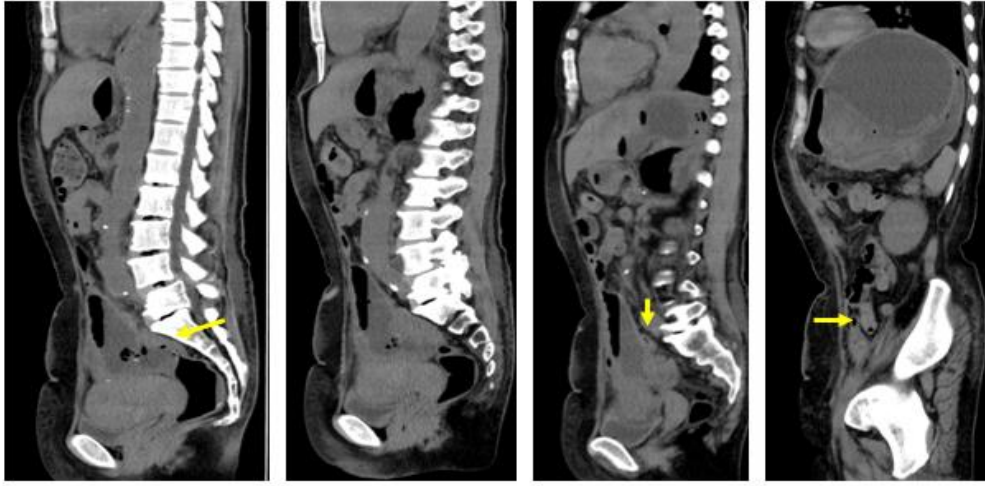


Fig. 6 Yellow arrows indicate the rectum compressed by the lesion of abscess including massive gas.

What is imaging diagnosis?

1. Gastric perforation
2. Urinary bladder rectum fistula
3. Gastric volvulus
4. Rectal perforation

answer

2026.6.5