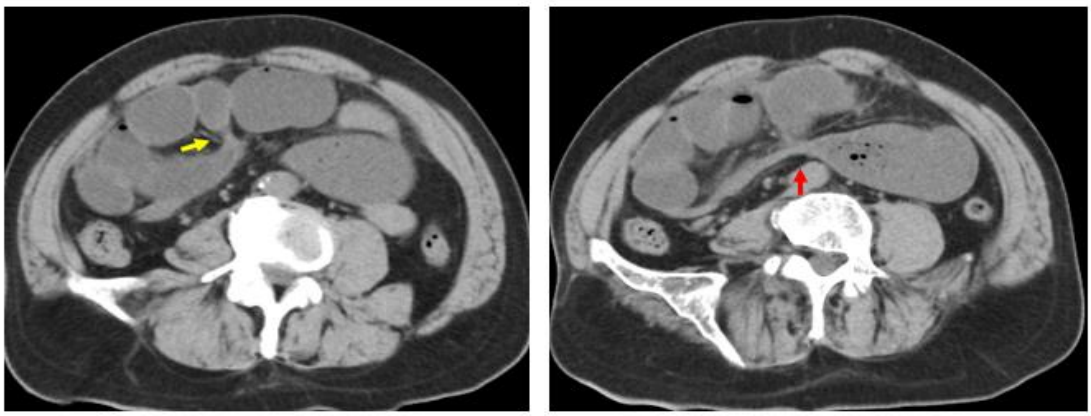
A Case of the Week

Case 441

A sixty-three-year-old male presented with abdominal pain in our hospital. He realized abdominal pain at noon. He was under watchful observation for a while. He experienced nausea and vomiting in the midnight and then, he called an ambulance. He had previously undergone appendectomy at age 6. He had received laparotomy for ileus at age 7. Further, several years ago, he had a conservative therapy for small bowel obstruction in the other hospital. He took abdomen CT for further investigation (Figs 1-3).



A B

Fig.1 There are two beak sign or two knot sign on axial CT that indicates one is the transposition between oral dilated bowel and oral closed loop (A, yellow arrow), and another is the transposition between anal closed dilated loop and constrictive anal bowel (B, red arrow). However, these knots look somehow loose and not so tightening.

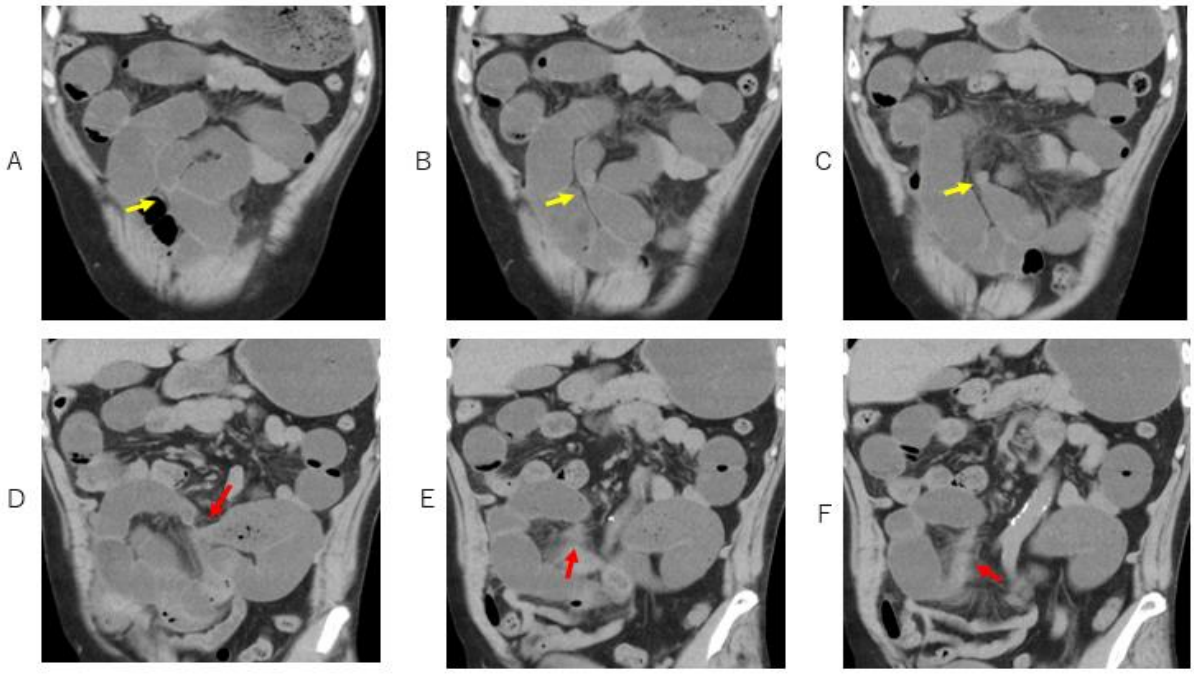


Fig.2 Two beak sign or two knot sign is depicted on coronal CT (arrows). One is the occlusive transposition site between oral dilated bowel and oral dilated closed loop (A-C, yellow arrow), and another is the transposition between anal closed dilated loop and constrictive anal bowel (D-F, red arrow). Yellow knot is tight, while red knot is relatively loose.

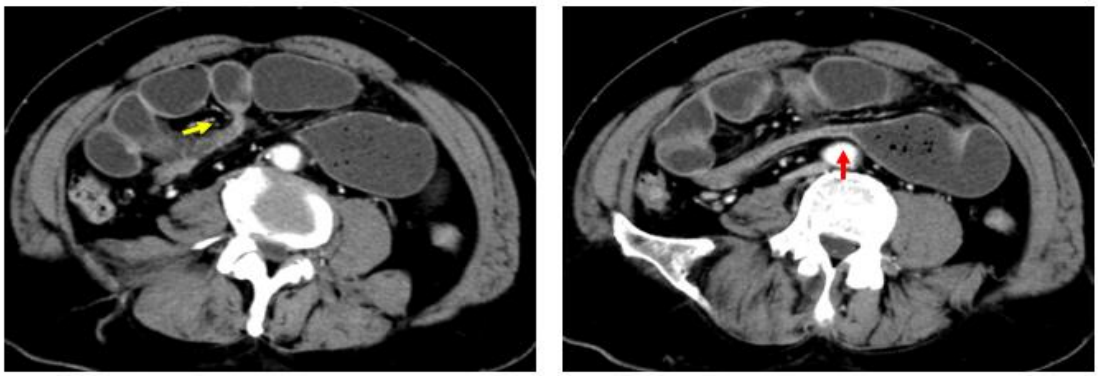


Fig.3 Small bowel mural including both occlusive transposition sites (A, B arrows) are well enhanced on contrast-enhanced CT.

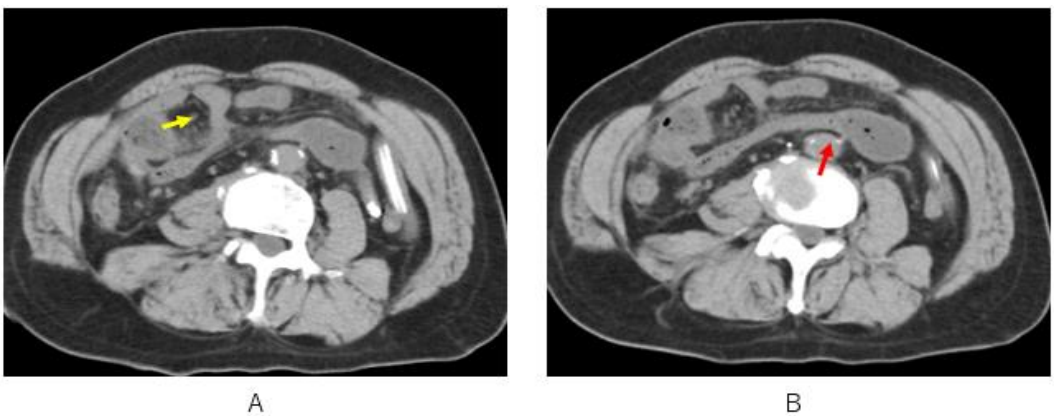


Fig.4 Two days later after ileus tube insertion, both occlusive sites (A, B arrows) become looser than before its insertion.

What is an imaging diagnosis?

1. **Infectious bowel disease**
2. **Dietary obstructive ileus**
3. **Paralytic ileus**
4. **Non-strangulation ileus**
5. **Strangulation ileus**

answer

2026.7.17