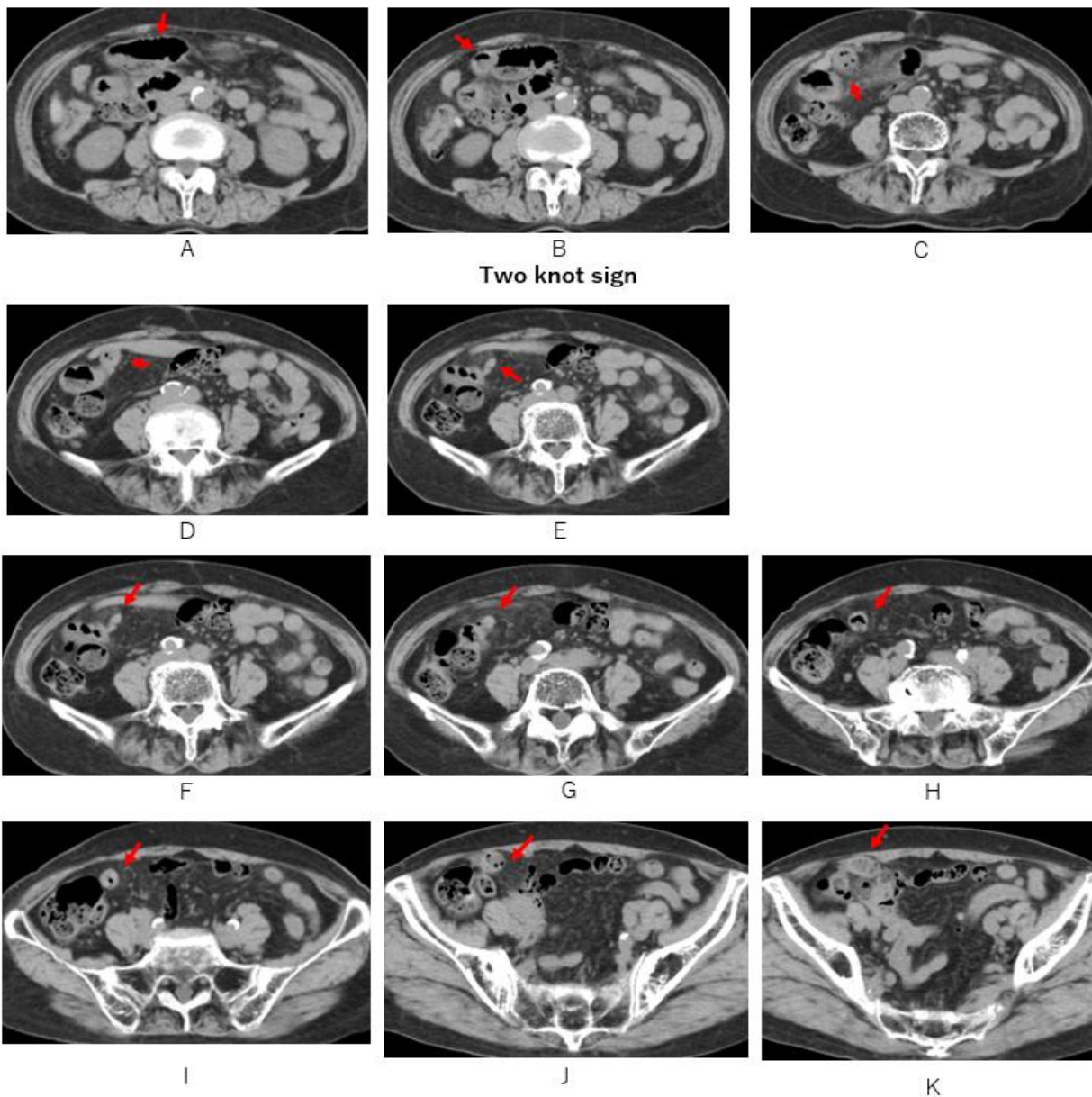


A Case of the Week

Case 450

An eighty-one-year-old male presented with abdominal pain. He ate a rice ball at 5.30 PM. One hour later, he experienced abdominal pain with nausea and vomits. He asked a call for ambulance to take him here. Abdominal medical check revealed abdominal scar after appendectomy. He took abdomen CT for further investigation three times for two days including contrast-enhanced CT. (Fig. 1-5).



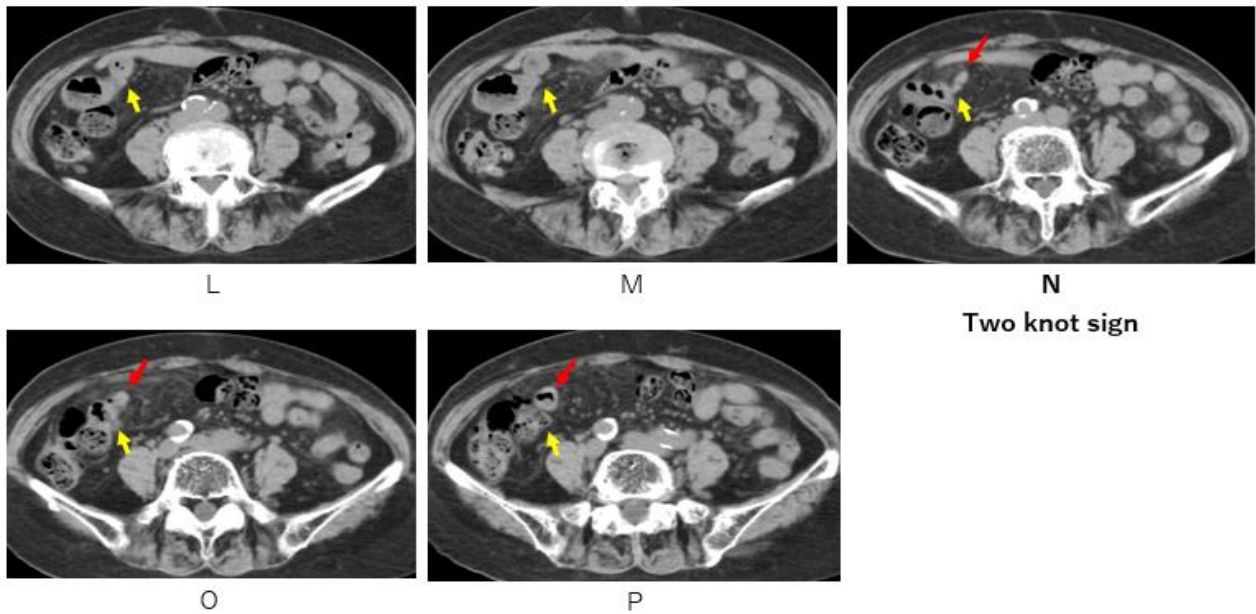


Fig.1 On June 14th, both signs of beak and knot could not be found out before laparostomy, leading diagnosis of local non-occlusive mesenteric ischemia. But afterwards, taking time for interpretation of this CT images enable to identify two knot sign depicted on only single axial image. Based on two knot sign, the dilated oral bowel and dilated closed loop (yellow arrow), and dilated closed loop bowel and anal constrictive bowel (red arrow).

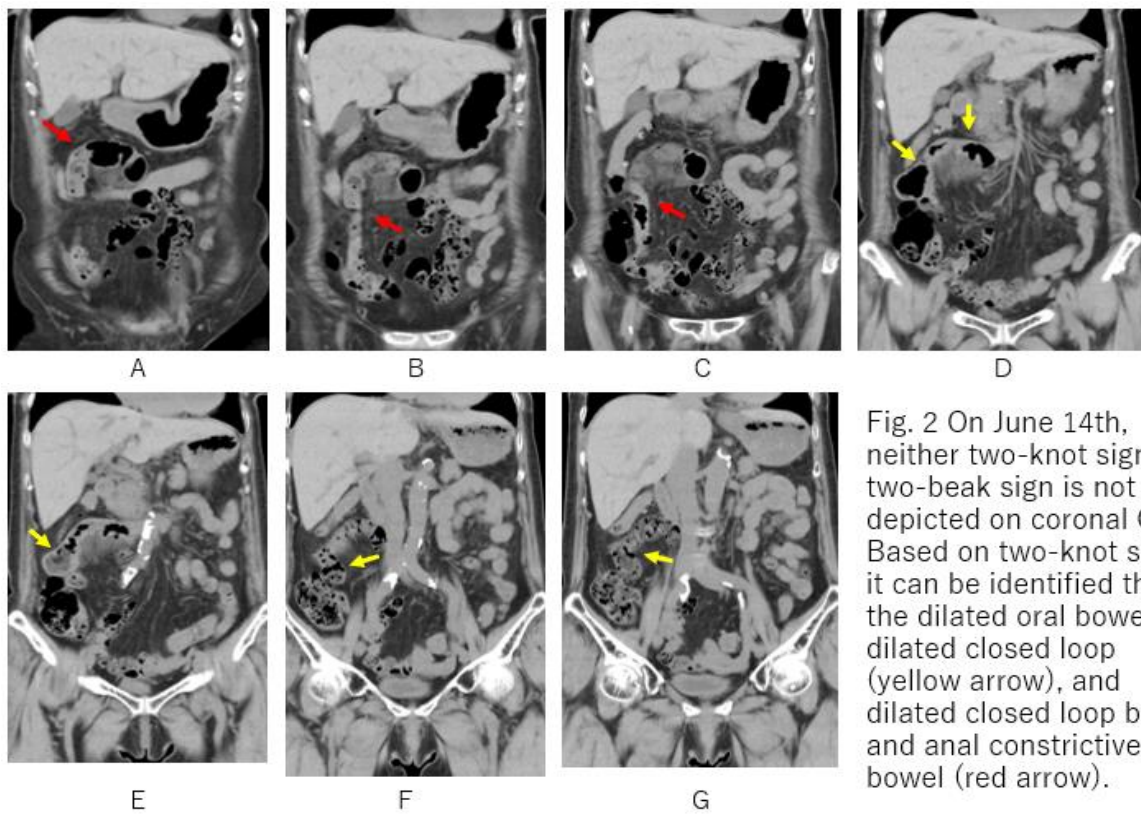
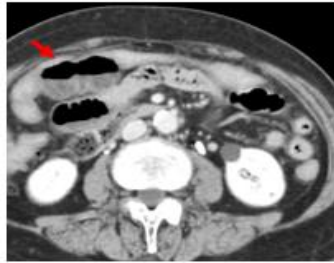
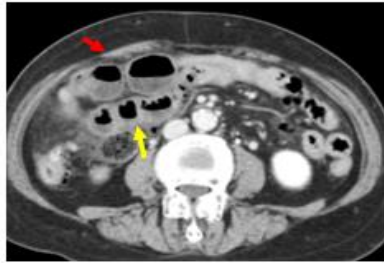


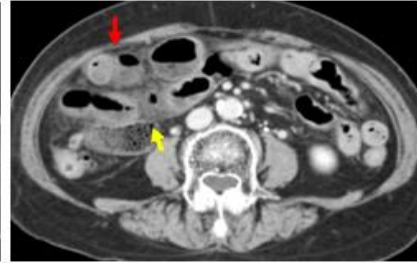
Fig. 2 On June 14th, neither two-knot sign nor two-beak sign is not depicted on coronal CT. Based on two-knot sign, it can be identified that the dilated oral bowel and dilated closed loop (yellow arrow), and dilated closed loop bowel and anal constrictive bowel (red arrow).



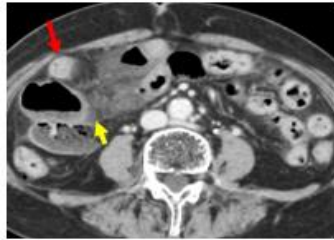
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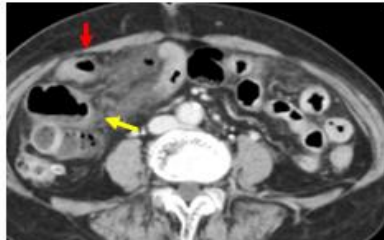
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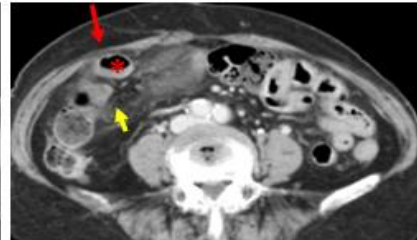
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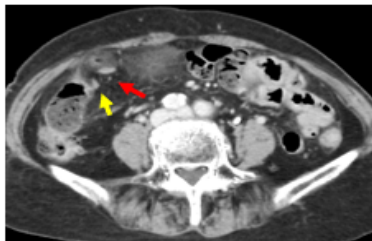
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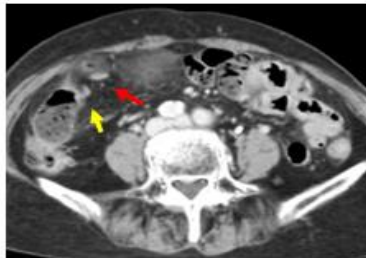
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G

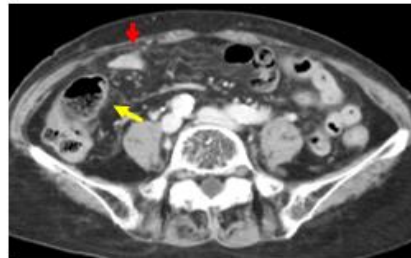
Two knot sign

Fig.3 On even contrast-enhanced CT of June 14th, both signs of beak and knot could not be found out before laparostomy, leading diagnosis of local non-occlusive mesenteric ischemia. But afterwards, taking time for interpretation of this CT images enable to identify two knot sign depicted on only single axial image. Based on two knot sign, the dilated oral bowel and dilated closed loop (yellow arrow), and dilated closed loop bowel and anal constrictive bowel (red arrow). Red * = probable Meckel diverticulum

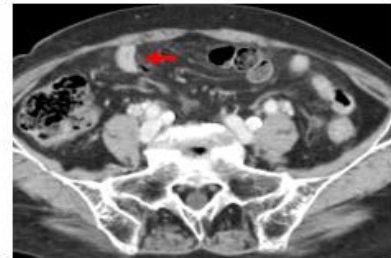


H

Two knot sign



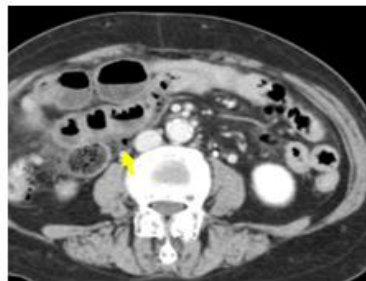
I



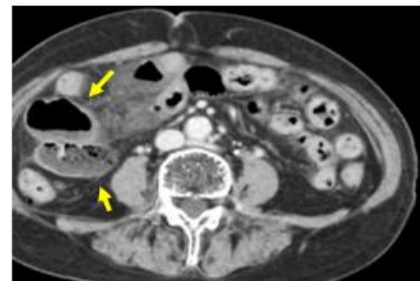
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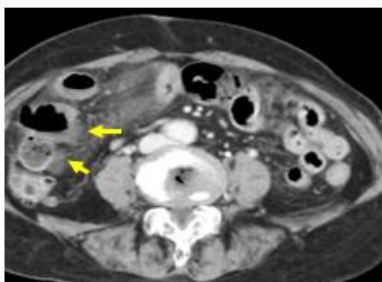
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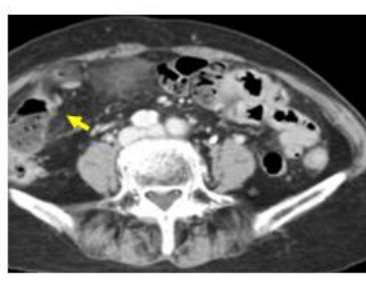
L



M

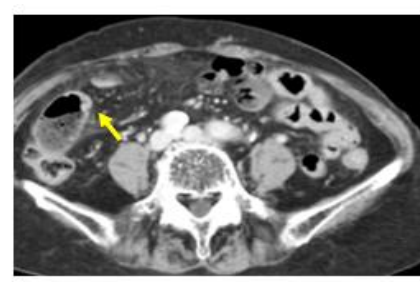


N



O

Two knot sign



P

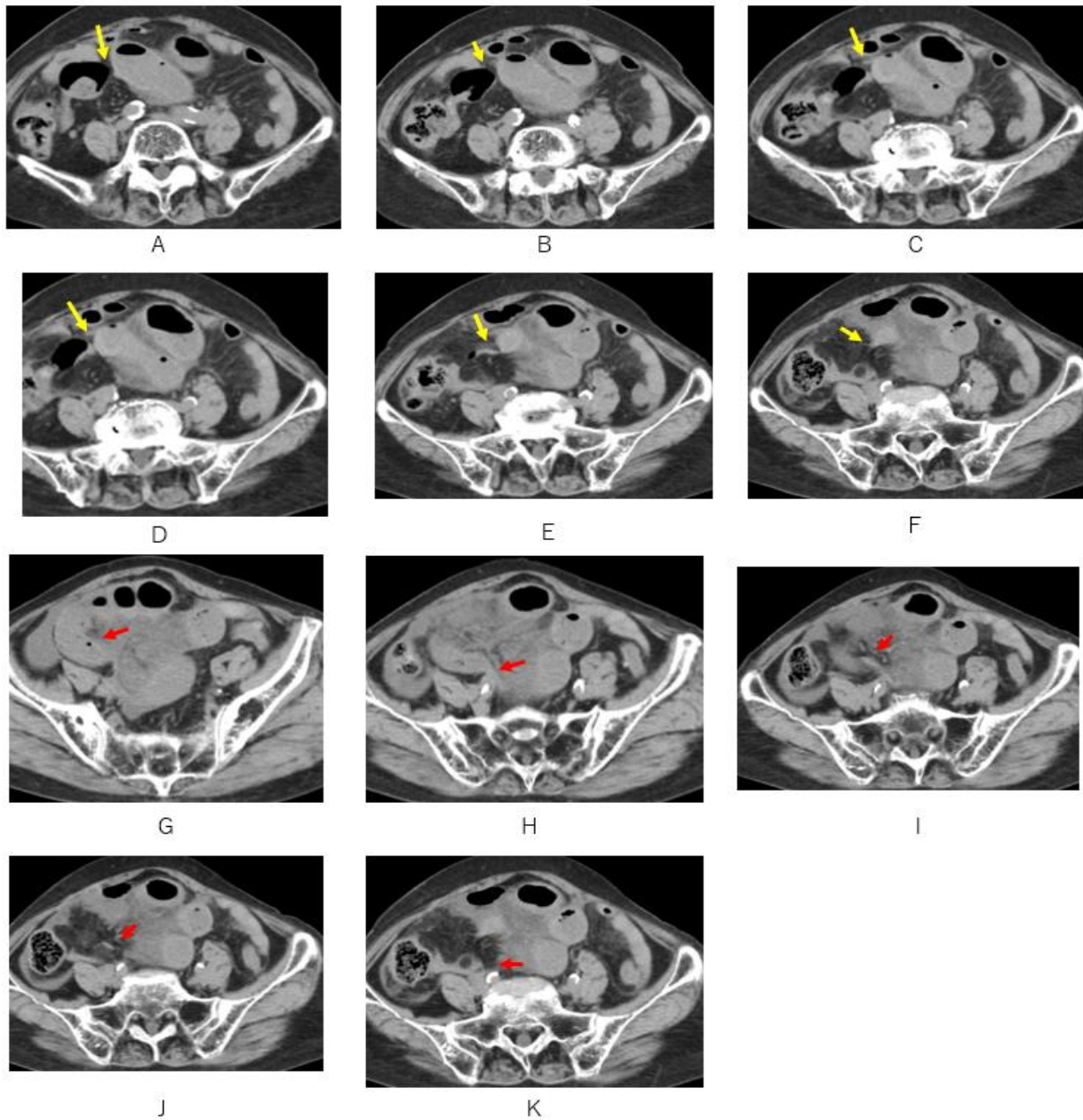
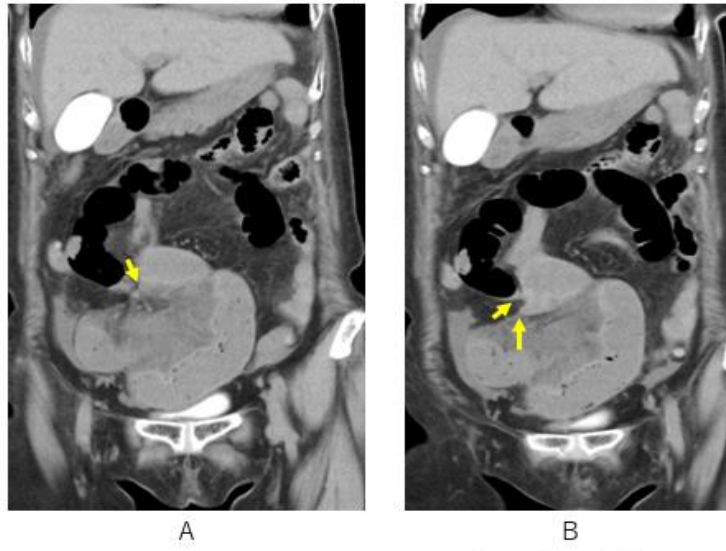


Fig.4 On the following day of June 15th, both signs of beak and knot could not be found out before laparostomy, leading diagnosis of local non-occlusive mesenteric ischemia. But afterwards, taking time for interpretation of this CT images enable to identify two knot sign depicted on only single axial image. Based on two knot sign, the dilated oral bowel and dilated closed loop (yellow arrow), and dilated closed loop bowel and anal constrictive bowel (red arrow).



Two beak sign

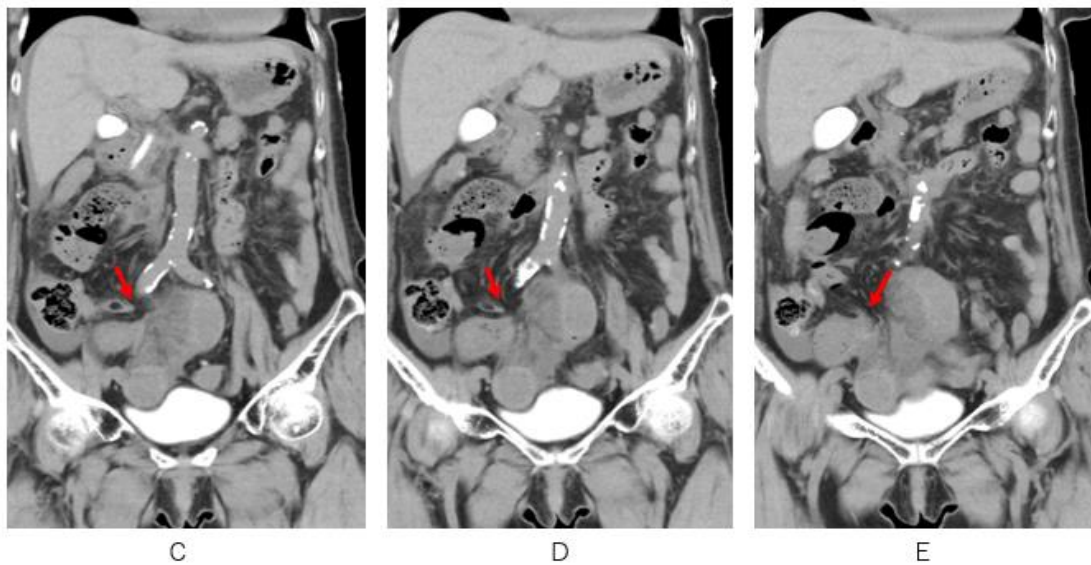


Fig.5 On the following day of June 15th, both signs of beak and knot could not be found out before laparostomy, leading diagnosis of local non-occlusive mesenteric ischemia. But afterwards, taking time for interpretation of this CT images enable to identify two beak sign depicted on only single coronal image. Based on two knot sign, the dilated oral bowel and dilated closed loop (yellow arrow), and dilated closed loop bowel and anal constrictive bowel (red arrow).

What is the imaging diagnosis?

1. Dietary ileus
2. Adhesive ileus
3. NOMI (non-occlusive mesentery ischemia)
4. Strangulation ileus

answer

2026.10.9