

*Letter to the Editor***Epiploic appendagitis: an uncommon diagnosis mimicking diverticulitis**K.H. Katsanos,<sup>1</sup> M. Siafakas,<sup>2</sup> Th. Vadivoulis,<sup>2</sup> E. Svarna,<sup>2</sup> E.V. Tsianos<sup>1</sup>

Sir, epiploic appendagitis is a rare but important diagnosis in patients presenting with symptoms of acute abdominal pain. Epiploic appendagitis results from volvulus of the epiploic appendix or thrombosis of the central afferent epiploic vein. Symptoms of epiploic appendagitis mimic those of acute diverticulitis or bowel ischemia and differential diagnosis includes acute diverticulitis, epiploic infarct, bowel cancer and metastatic lesions.<sup>1-3</sup>

Of interest, 7% of cases presenting as diverticulitis have radiological images compatible with epiploic appendagitis. In CT scan the inflamed epiploic appendix presents as a lesion or mass with fat grading although sometimes the center of the lesion might be hyperdense in cases of thrombosis. Around the lesion or mass there is inflammation and edema of the surrounding peritoneum. Therapy is conservative in general and consists of antibiotic treatment and bowel rest with food abstinence for few days.<sup>4-5</sup>

A 54-year old male was referred to the department emergency because of acute lower left quadrant abdominal pain for the last 3 hours. The patient had unremarkable history and was not receiving any medication. On clinical examination there was mild-to-moderate tenderness in the low left quadrant abdominal area but there was no rebound or any sign of acute abdomen. Patient had normal defecation 6 hours before admission and on auscultation bowel sounds were normal. Patient had no fever or tachycardia and was in good general condition. Laboratory tests showed mild leu-

cocytosis and increased CRP and ESR. Abdominal x-ray and abdominal ultrasound were within normal limits. A CT scan was performed which was diagnostic of epiploic appendagitis [Figure] and the patient was admitted to the Department of Internal Medicine and was started on antibiotics. Three days later the patient was discharged in excellent condition and subsequent colonoscopy was normal. CT scan on three-month follow up was also within normal limits.

In conclusion, we presented herein a rare case of epiploic appendagitis mimicking acute diverticulitis and we would like to stress the importance of proper investigation and evaluation of symptoms of such cases in order to exclude rare or infrequent non-surgical diagnoses or to avoid misdiagnosing a case needing urgent surgical intervention.

***Legend for the figure***

Epiploic appendagitis of the emergency descending colon: between the descending colon and the small bowel loop there is a 'finger-type' fat tissue lesion that is in close contact with both of them especially in frontal and sagittal image reconstructions. There is also thickening and inflammation with edema of the peritoneum surrounding this lesion.

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