Case	(474) Right abdominal pain with normal laboratory tests
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CASE PRESENTATION

43 year-old woman without previous surgical interventions developed acute right-sided abdominal pain with rebound tenderness and no laboratory abnormalities.

Acute appendicitis was suspected. Ultrasound exam was performed and revealed moderately dilated vermiform appendix (5.7 mm; blue arrows) with ill-defined wall layers, free intraperitoneal fluid and hyperechoic fat (yellow arrow).

These findings warrant enhanced abdomen-pelvis CT request, which showed right lower quadrant fat stranding area (yellow arrows) in greater omentum, with a long axis of 12 cm and subtle swirling vessels inside. Normal appearance of appendix was displayed (blue arrow).

DISCUSSION

The appendiceal findings exposed above are suspicious for inflammatory involvement, but their source may be outside the appendix. Greater omentum infarction (also called, omental infarction) is rare and can cause acute abdomen pain, but is rarely diagnosed in the preoperative setting.

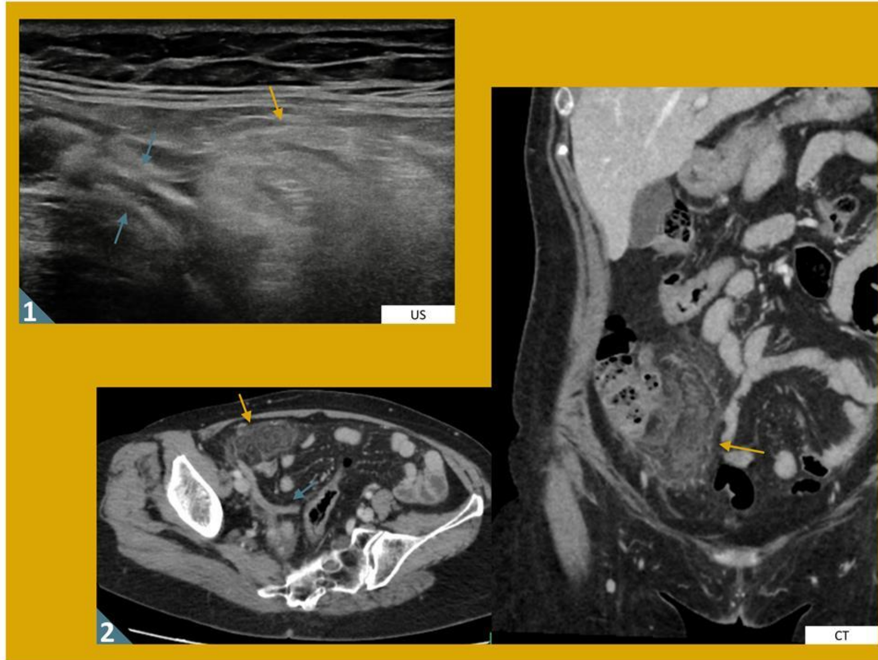
The classic location is in the right lower quadrant due to poorer arterial supply and larger omental size.

Primary omental torsion is very infrequent and predisposing variants such as accessory, bifid or irregular omentum are recognized as risk factors.

In this case, swirling vessels are added to the typical area > 5 cm of fat stranding as a sign of the organ twist. A mild amount of free fluid is usually seen. Imaging differentials include epiploic appendagitis (typically < 5 cm).

CONCLUSION

Omental infarction is a benign mimicker of acute abdomen, managed with conservative treatment. The radiologist should be aware of minimal appendiceal inflammation compared with extensive omental fat stranding.



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