

CLINICAL VIGNETTE

Epiploic Appendagitis in a 59-Year-Old Woman

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Introduction

Epiploic appendagitis is a rare cause of acute abdominal pain. It occurs mainly in the fourth and fifth decade of life with a predominance in males.¹ Epiploic appendagitis is defined as the torsion of the epiploic appendages or the thrombosis of the draining veins.² These result in ischemia and subsequent inflammation.¹

Risk factors for development of epiploic appendagitis include obesity, intensive strenuous exercise, and hernia presence.³ Newer radiographic imaging modalities have improved appropriate recognition and diagnosis. There has also been a management paradigm shift of epiploic appendagitis, away from surgical intervention to more conservative treatment.¹

Case

A 59-year-old woman with gastroesophageal reflux disease, pre-diabetes and obesity presented to gastroenterology (GI) clinic with new upper abdominal pain and bloating. They mostly occurred after eating, described as “a tight belt around her upper abdomen” without inciting events. She denied nausea, vomiting, appetite changes, weight loss or changes in bowel movements. Her medications included daily rosuvastatin and intermittent omeprazole, metformin, escitalopram and gabapentin. Two months prior to GI evaluation, her primary care physician obtained an abdominal ultrasound which noted hepatic steatosis. The gallbladder was normally distended without any gallstones, or wall thickening. Laboratory studies one month prior to GI presentation included normal complete blood count, metabolic panel and thyroid stimulating hormone.

She had prior normal upper GI endoscopy (EGD) several years ago. Abdominal computed tomography (CT) scan was ordered and noted an oval fat-containing focus in the left lower quadrant, anterior to the descending colon, with surrounding mild fat stranding suggestive of epiploic appendagitis. She was managed conservatively with improvement in symptoms without new medications.

Conclusion

Epiploic appendagitis is a rare condition that may be misdiagnosed in patients presenting with acute abdominal pain.

Epiploic appendages consist of fat tissue that surrounds the surface of the colon.¹ They are commonly on the taenia libera and taenia omentalis attached to the cecum and sigmoid colon.⁴ Size varies between 0.5-5 cm, and they enlarge during adulthood.⁵ Enlargement is augmented in obese individuals.⁵

The role of epiploic appendages has not been well delineated. One hypothesis is that they provide mechanical protection with another theory being a blood supply storage unit during periods of peristalsis or decreased blood flow.¹ Torsion of these appendages can lead to impaired vascular supply with edema, inflammation and ischemia.²

The clinical presentation is nonspecific and can mimic other acute abdominal processes such as acute appendicitis, acute diverticulitis, and acute cholecystitis. Other less common mimics include pelvic inflammatory disease, ectopic pregnancy, acute omental infarction, mesenteric panniculitis and ovarian torsion.⁶ The clinical presentation includes acute lower abdominal pain with associated fever, nausea, vomiting and changes in bowel habit.¹ Laboratory studies are often normal except for possible slight increase of C-reactive protein.² Diagnosis is usually established with CT scan showing a mass with fat attenuation and hyperattenuating ring corresponding to inflammation.²

Prior to availability of cross sectional diagnostic imaging, epiploic appendagitis was diagnosed and treated surgically.¹ However, with increased availability of noninvasive diagnostic modalities, the treatment of epiploic appendagitis has shifted to conservative management as it is thought to be a self-limiting condition.¹ Conservative management leads to the resolution of symptoms within 1-2 weeks.⁵ Anti-inflammatory therapies may be utilized to shorten symptom duration.^{3,7} If conservative therapy fails, surgical intervention maybe required.⁵ Complications of epiploic appendagitis include obstruction and abscess formation.¹

In conclusion, successful diagnosis, and management of epiploic appendagitis requires physician awareness and prompt imaging. This may reduce unnecessary surgical interventions and improve costs.

Dr. Mona Rezapour is a speaker for Abbvie, Takeda, Eli Lilly and Janssen Pharmaceutical and serves on advisory boards for Bristol Myer Squibb and Eli Lilly Pharmaceutical. Dr. Ronald H. Omino has no conflicts of interest.

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