Unusual left iliac fossa pain

Une douleur insolite de la fausse iliaque gauche

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A 29-year-old male patient presented with left iliac fossa pain, weight loss and fever since 3 months. On examination, there was mild tenderness in the left iliac fossa. All other systemic examinations were normal. Barium meal follow-through and MR enteroclysis were performed.

Barium meal follow-through showed that the ileal loops and caecum were placed in left iliac fossa suggesting non-rotation of the small bowel and colon. There was short segment narrowing of the ileoceacal junction and contracted, pulled up caecum with proximal dilatation of terminal ileal loops (Fig. 1). MR enteroclysis revealed thickening of ileocecal region and contracted and deformed caecum with intestinal nonrotation (Fig. 2). The radiological diagnosis of complete intestinal nonrotation with ileocecal tuberculosis (TB) was made. Patient was put on antitubercular treatment and showed subsequent clinical improvement.

Figure 1  Caecum with proximal dilatation of terminal ileal loops.

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Nonrotation of intestine is often an incidental finding in older children and adults during routine examination, but volvulus as a result of local clockwise rotation may accompany this anomaly [1]. Therefore, detection of uncomplicated or quiescent nonrotation on imaging is important. Although the recommendation is controversial, many authorities advocate surgical correction (Ladd’s procedure) for all operative candidates with nonrotation, regardless of age [2]. This viewpoint might come as a surprise to radiologists who previously viewed incidental nonrotation in adults as little more than an academic curiosity. TB can involve any part of the gastrointestinal tract from mouth to anus, the peritoneum and the pancreatobiliary system. It can have a varied presentation, frequently mimicking other diseases [3]. Small bowel barium meal is helpful in the diagnosis of both intestinal nonrotation as well as intestinal TB. Small bowel barium meal of intestinal TB shows variable findings according to predominant pathological process like ulceration, cicatrisation and hypertrophic (mass forming form). CT/MR enteroclysis have advantage of showing thickening with enhancement of wall of bowel along with extra-intestinal findings like changes in mesentery, lymphadenopathy and involvement of solid viscera like liver, spleen. Therefore CT/MR enteroclysis followed by a barium study may be the best protocol for evaluation of intestinal TB [4]. To our knowledge, this is a rare case of complete nonrotation of the gut with ileocaecal TB. This case report highlights the uncommon presentation of common diseases like TB.

Conflict of interest statement

The authors have not declared any conflict of interest.

References