

# Images in Surgery



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## Case Description:

An 18 year-old male patient was referred to the emergency department with abdominal pain after a fall from the stairs ten days prior to presentation. A painful limp was observed when the patient walked in to the examination room. The pain was described as intermittent left lower abdominal quadrant pain deteriorating with movement. No fever, difference in appetite, change in stool or urine habits was reported.

Physical examination revealed a painful tumor in the left lower quadrant of the abdomen. Leg raise was painful on the left side. Laboratory values showed a leukocytosis (12.9 G/l), CRP was 53mg/l. Other values were within normal limits.

Imaging with ultrasonography showed a round hyperperfused tumor 60mm in diameter and a central hyperechoic, needle-shaped lesion (27x2mm) (picture 1). The adjacent small intestine and colon were displaced medially. For further diagnosis a triple contrast CT-Scan was performed (picture 2). The CT-scan showed an infiltration of the tumor into the iliopsoas muscle. Additionally, fluid collections around the radiopaque center of the hyperperfused tumor could be observed. The lesion was adjacent to the sigmoid colon. Paraortic lymph nodes were enlarged as well as lymph nodes in the small basin.

The following left sided colonoscopy yielded no noticeable findings. In particular, no inflamed mucosa or perforations were observed. We decided to remove the tumor via a left sided Mc-Burney incision.

## What is the correct diagnosis?

- Mature cystic ovarian teratoma
- Tailgut cyst
- Foreign body reaction
- Hematoma of the psoas muscle
- Crohn's disease with a rectovesicular fistula

Sonography of the abdomen



CT-Scan of the Abdomen



Auflösung auf S. 22

Case contributed by Ingmar F. Rompen and Markus Gass (Luzern)

## Hernia inguinal

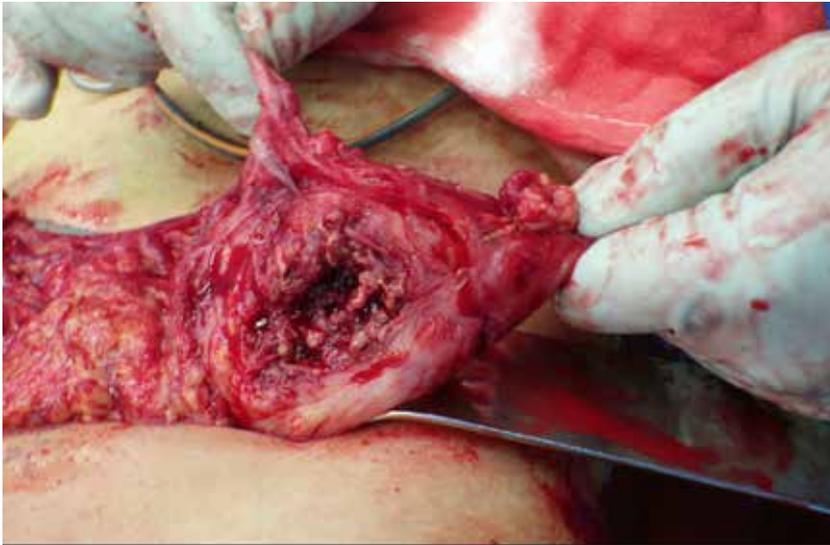
### When the patient comes first

- more rapid convalescence
- long-term safety
- highest possible patient comfort

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Auflösung der Frage von S. 16

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### Case Solution:

The correct answer is: **Foreign Body Reaction.**

The removed tissue showed a toothpick with a surrounding abscess formation. Histologic preparation showed an old, encapsulated abscess with no signs of malignant transformation. The patient was discharged on antibiotic therapy two days after surgery.

Mature teratoma of the ovary can safely be excluded due to the patient's gender. A tailgut cyst usually presents as a cystic lesion in the presacral space on CT-scan. A hematoma of the psoas muscle would not contain a radiopaque central lesion. Neither did the patient describe any clinical symptoms of a rectovesical fistula like pneumaturia nor did the colonoscopy show any abnormalities. In conclusion, this makes a foreign body reaction after excavation of a toothpick out of the sigmoid colon (needle-shaped central lesion) the most likely answer. Most probably, the fall only led to an irritation of the preexisting tumor as the intraoperative findings showed an old encapsulated abscess formation.

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