

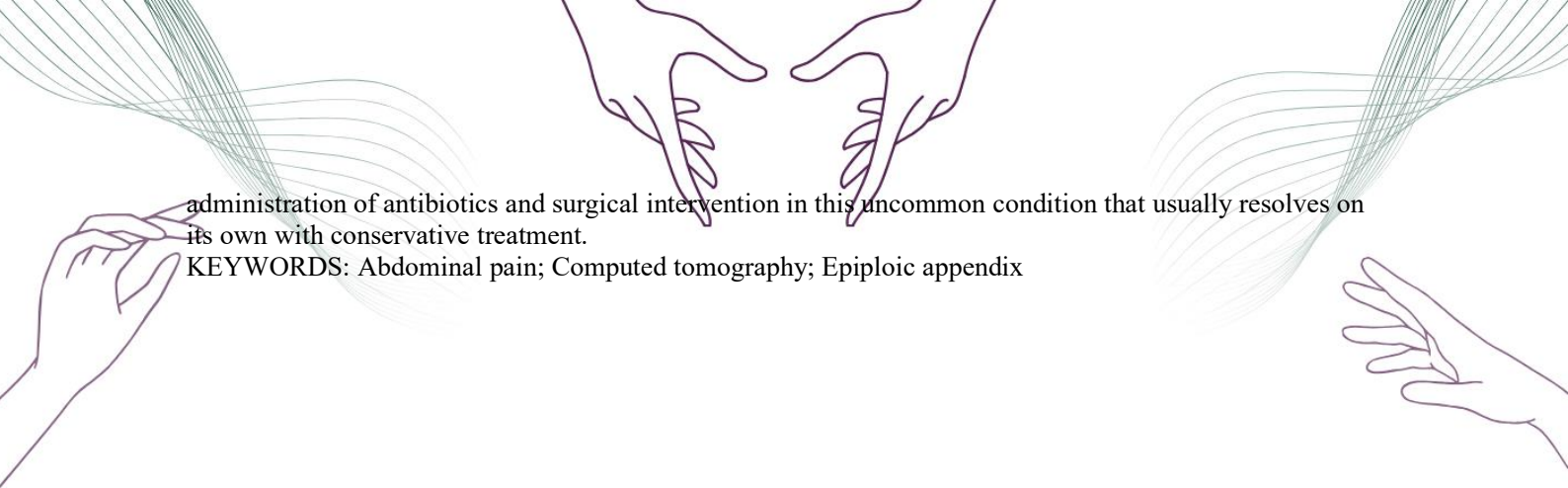
EPIPLOIČNI APENDAGITIS – RIJEDAK UZROK AKUTNE BOLI U TRBUHUMaja Alaber¹; Marina Andrešić²; Bruna Bušić³; Maša Sorić³

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ID Maja Alaber 0009-0000-2090-1306; Marina Andrešić 0000-0002-3753-778X; Bruna Bušić 0009-0004-1133-4302; Maša Sorić 0000-0002-5002-9800 <https://doi.org/10.26800/LV-145-sup17-PS22>**KLJUČNE RIJEČI:** bol u trbuhu; epiploični privjesak; kompjuterizirana tomografija**UVOD:** Epiploični apendagitis je rijetko medicinsko stanje koje se javlja prilikom upale malih masnih privjesaka na vanjskoj površini debelog crijeva poznatijih kao epiploični privjesci. Obično se manifestira iznenadnom i jakim lokaliziranom boli u trbuhu koja se nerijetko zamjeni s drugim uzrocima bolova u trbuhu.**PRIKAZ SLUČAJA:** Muškarac u dobi od 32 godine javio se na odjel hitne pomoći zbog tupih bolova lokaliziranih u donjem lijevom kvadrantu abdomena. Bol je započela dan ranije u večernjim satima te se pogoršava na pokret tijela i na palpaciju. Pacijent je negirao ostale simptome povezane s probavnim sustavom. Tijekom fizikalnog pregleda primijećena je lokalizirana bolnost i osjetljivost u lijevom donjem kvadrantu abdomena. Laboratorijske pretrage ukazale su na povišen broj bijelih krvnih stanica ($11.3 \times 10^9/L$) uz povišen broj neutrofila ($8.85 \times 10^9/L$) te na povišene vrijednosti C-reaktivnog proteina (47.3 mg/L). Rendgen abdomena nije pokazao nikakve abnormalnosti. Zbog jakih bolova u trbuhu i povišenih upalnih parametara pacijent je upućen na kompjuteriziranu tomografiju (CT) abdomena. Učinjeni CT abdomena detektirao je malu masnu strukturu uz silazni i sigmoidni kolon s okolnim hiperdenznim haloom karakterističnim za nalaz epiploičnog apendagitisa. Pacijent je otpušten kući uz preporuke uzimanja protuupalnih lijekova (ibuprofena) te daljnjeg praćenja putem liječnika obiteljske medicine.**ZAKLJUČAK:** Navedeni prikaz slučaja želi naglasiti važnost razmatranja epiploičnog apendagitisa kao jednog od mogućih uzroka akutne abdominalne boli. Rano otkrivanje ovog rijetkog stanja pomoću kompjuterizirane tomografije smanjuje nepotrebnu uporabu antibiotika te izvođenje nepotrebnih kirurških zahvata jer je riječ o stanju koje je samoograničavajuće i obično prolazi na konzervativnu terapiju.**EPIPLOIC APPENDAGITIS – A RARE CAUSE OF ACUTE ABDOMINAL PAIN****INTRODUCTION:** Epiploic appendagitis is an uncommon medical condition that is characterized by inflammation of the small, fat-filled structures found on the external surface of the colon known as epiploic appendages. It usually presents with sudden and severe localized abdominal pain, often mistaken for other causes of acute abdominal pain.**CASE PRESENTATION:** A 32-year-old male presented at the emergency department complaining of dull abdominal pain localized in the lower left quadrant. The pain began the previous evening and worsened with movement and palpation. The patient denied experiencing additional symptoms commonly associated with abdominal pathologies. Physical examination revealed localized tenderness in the left lower quadrant of his abdomen. Laboratory tests revealed an elevated white blood cell count ($11.3 \times 10^9/L$) with increased neutrophils ($8.85 \times 10^9/L$) and elevated levels of C-reactive protein (47.3 mg/L). An abdominal X-ray showed no abnormalities. Due to the patient's severe abdominal pain and elevated inflammatory markers, the patient was referred to an abdominal computed tomography (CT) scan. The abdominal CT scan detected a small fat density structure adjacent to the descending and sigmoid colon with surrounding inflammation and hyperdense rim. These findings were consistent with a diagnosis of epiploic appendagitis. The patient was discharged with anti-inflammatory medication (ibuprofen) and instructed to follow up with his primary care physician.**CONCLUSION:** This case report highlights the importance of considering epiploic appendagitis as a potential cause of acute abdominal pain. Early diagnosis with CT scan can help avoid unnecessary

A line art illustration at the top of the page shows three hands. One hand is on the left, one is in the center, and one is on the right. The hands are rendered in a simple, clean style with thin lines. The central hand is positioned as if holding or supporting the other two. The background behind the hands consists of several thin, curved lines that create a sense of movement or flow.

administration of antibiotics and surgical intervention in this uncommon condition that usually resolves on its own with conservative treatment.

KEYWORDS: Abdominal pain; Computed tomography; Epiploic appendix

