

Image of the Month

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A 46-YEAR-OLD WOMAN PRESENTED TO THE emergency department with acute-onset right upper quadrant pain of 12 hours' duration. She had noted some nausea, and her last bowel movement was the preceding day. She also noted a previous but much milder attack 1 week before admission. Her medical history was significant for rheumatoid arthritis and 2 cesarean sections. Her brother had undergone exploration for malrotation at 3 months of age. Results of her physical examination were remarkable only for marked tenderness in the epigastrium. The fetal position gar-

nered her the most symptomatic relief. There was no leukocytosis. After administration of oral and intravenous contrast, computed tomography (CT) of the abdomen was performed, revealing a distended, gas- and stool-filled loop of colon in the mid upper abdomen with the stomach displaced laterally and anteriorly. There was periportal edema with narrowing of the portal vein at the porta hepatis (**Figure 1**). The patient underwent diagnostic laparoscopy (**Figure 2**).

What Is the Diagnosis?

- A. Duodenal diverticulum
- B. Cecal volvulus
- C. Foramen of Winslow hernia
- D. Pancreatic pseudocyst

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Figure 1. Periportal edema and narrowing of the portal vein. The stomach is displaced anteriorly.

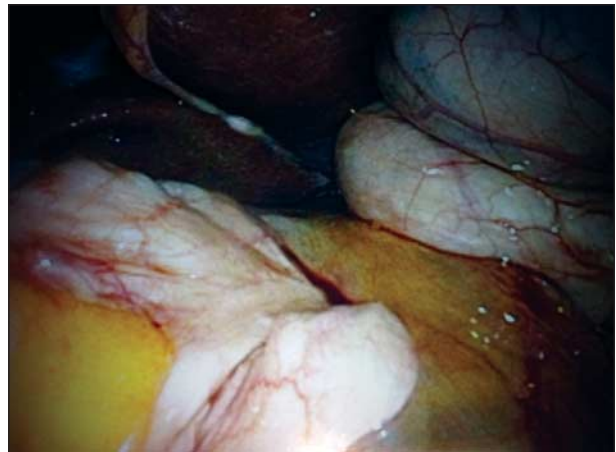


Figure 2. Operative view of herniated colon traversing beneath the hepatoduodenal ligament.