

## Image of the Month

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**A** PREVIOUSLY HEALTHY 14-YEAR-OLD BOY visited our hospital with epigastric pain, abdominal distention, nausea, and vomiting after a large meal. He denied fever or lymphadenopathy. His medical history was unremarkable. Physical examination disclosed moderate abdominal distention and minimal epigastric tenderness. The results of relevant laboratory tests were within normal ranges. A plain radiograph of the abdo-

men demonstrated a dilated small bowel in the upper abdomen without pneumoperitoneum. Subsequently, coronal imaging on an abdominal computed tomographic (CT) scan was obtained (**Figure 1**). On the basis of our findings, he underwent emergency laparotomy (**Figure 2**).

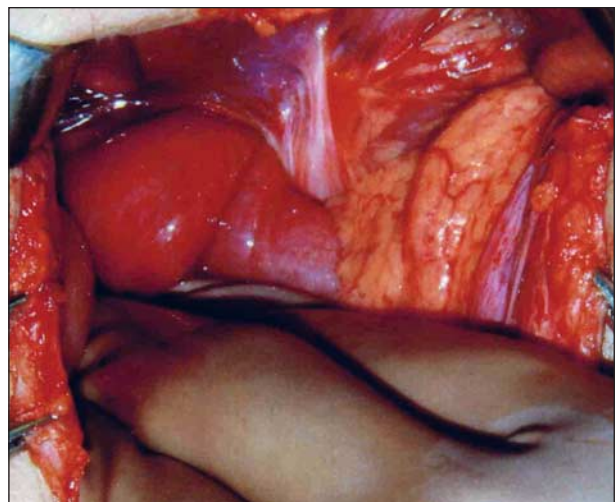
### What Is the Diagnosis?

- A. Internal hernia caused by right-sided paraduodenal hernia
- B. Internal hernia through foramen of Winslow
- C. Volvulus of the stomach
- D. Intestinal duplication

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**Figure 1.** Coronal imaging on an abdominal computed tomographic scan.



**Figure 2.** Finding at laparotomy.