

Image of the Month

Christopher J. Barreiro, MD; Elliott R. Haut, MD

A 52-YEAR-OLD WOMAN PRESENTED TO THE emergency department with a 2-week history of sharp, intermittent periumbilical abdominal pain and low-grade fevers. Her medical and surgical histories were significant for hypertension and obesity and a lower abdominal midline laparotomy for ruptured ectopic pregnancy. An abdominal computed tomographic scan revealed a 5-cm-long radiodensity in the mid small bowel directly abutting the anterior abdominal wall with

surrounding inflammation and bowel wall thickening (**Figure 1**). Her white blood cell count was elevated at 15 000/ μL (to convert to $\times 10^9/\text{L}$, multiply by 0.001), and her abdominal examination revealed voluntary guarding and periumbilical tenderness to deep palpation. The findings were concerning for small-bowel perforation, and the patient was taken to the operating room for exploratory laparotomy.

What Is the Diagnosis?

- A. Desmoid tumor
- B. Foreign body
- C. Calcified granuloma
- D. Heterotopic ossification

Author Affiliations: Department of Surgery (Dr Barreiro), and Division of Acute Care, Surgery, Department of Surgery (Dr Haut), The Johns Hopkins Hospital, Baltimore, Maryland.

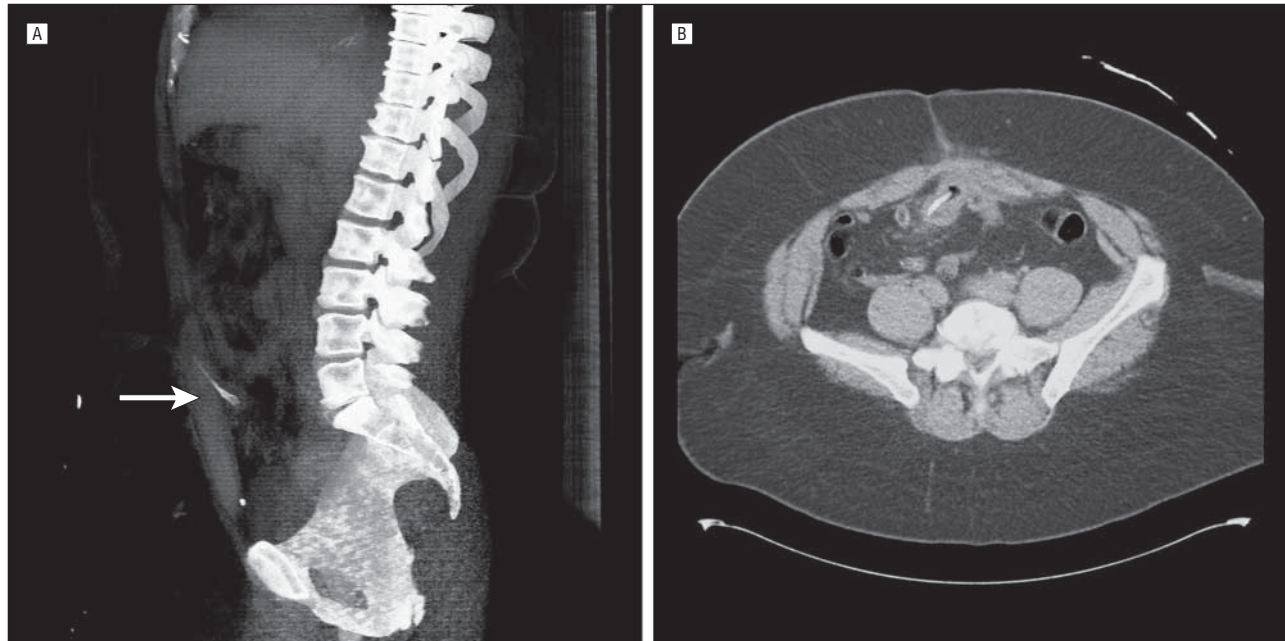


Figure 1. Abdominal computed tomographic scan. A, Sagittal reconstruction from high-resolution computed tomography showing calcified radiodensity abutting the anterior abdominal wall (white arrow). B, Axial computed tomography with a 5-cm-long radiodensity in the mid small bowel directly abutting the anterior abdominal wall with surrounding inflammation and bowel wall thickening.