

Image of the Month

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AN 83-YEAR-OLD WOMAN WITH A NONCONTRIBUTORY surgical history presented with nearly 1 month of mild, intermittent right upper quadrant pain. She soon noticed a slowly growing mass in this area. She denied fever, chills, nausea, or a history of trauma. Physical examination revealed a fluctuant, palpable mass in the right upper quadrant with overlying erythema and mild tenderness to palpation (**Figure, A**). Laboratory values were significant for a white blood cell count of 13.4 million/ μL (to convert to $\times 10^9/\text{L}$,

multiply by .001). Noncontrast abdominal computed tomography demonstrated a large hiatal hernia, small bilateral pleural effusions, and a right anterior abdominal wall subcutaneous lesion that was approximately 5 \times 9 cm. In addition, there were multiple large gallstones within an edematous gallbladder with pericholecystic fat stranding (**Figure, B**). Surgical management was indicated.

What Is the Diagnosis?

- A. Necrotizing fasciitis
- B. Cholecystocutaneous fistula
- C. Everted xiphisternum
- D. Abdominal wall endometrioma

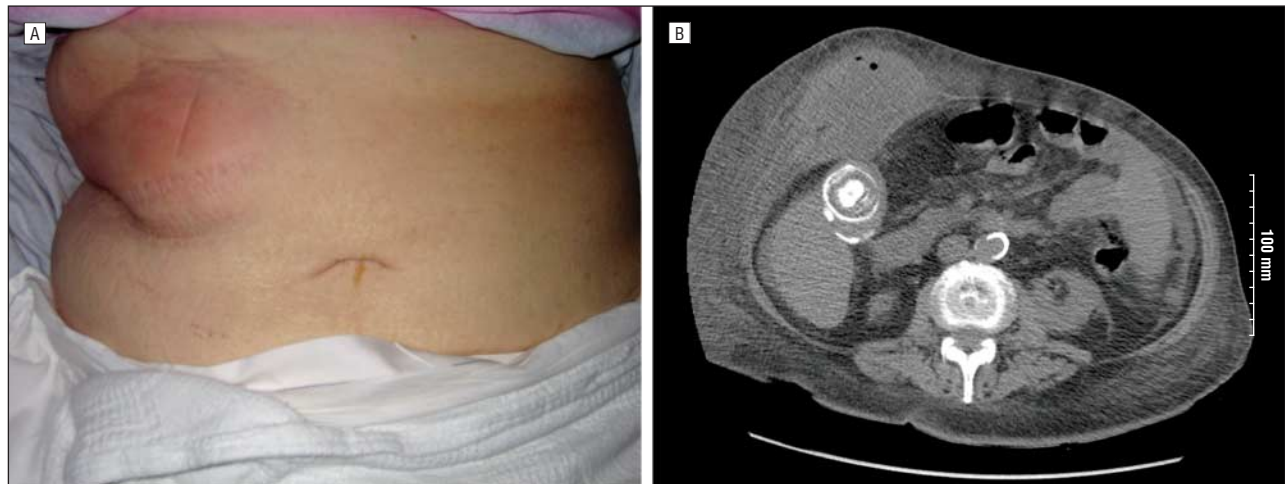


Figure. Physical examination and computed tomography findings. A, Right upper quadrant erythema, mild tenderness to palpation, and distention overlying a protruding, fluctuant mass in the right upper quadrant. B, Computed tomography image reveals a 5 \times 9-cm right anterior abdominal wall lesion.