

## Image of the Month

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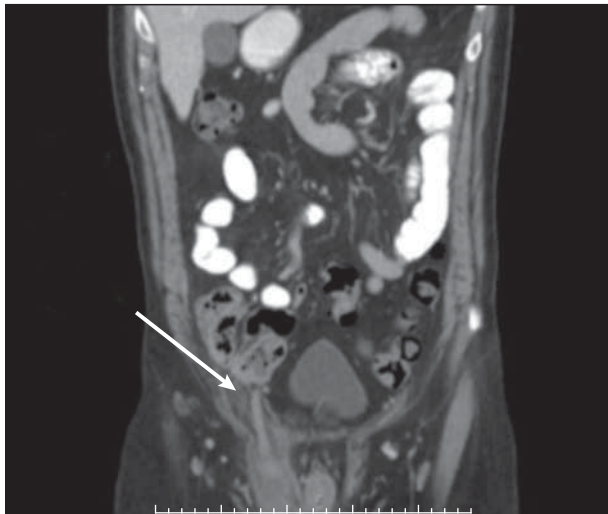
**A** 50-YEAR-OLD WHITE MAN PRESENTED TO THE emergency department with a chief complaint of worsening right inguinal pain and swelling for 3 days. He denied any past medical or surgical history. His examination revealed that he had a fever and tachycardia; his right groin was edematous with overlying skin erythemic and

tender to superficial palpation. Laboratory test results were significant for a white blood cell count of 18 000/ $\mu$ L (to convert to  $\times 10^9$  per liter, multiply by 0.001). Prior to surgical consultation, a computed tomographic scan was performed (**Figure 1**). In the operating room, a laparoscopic exploration confirmed the diagnosis (**Figure 2**).

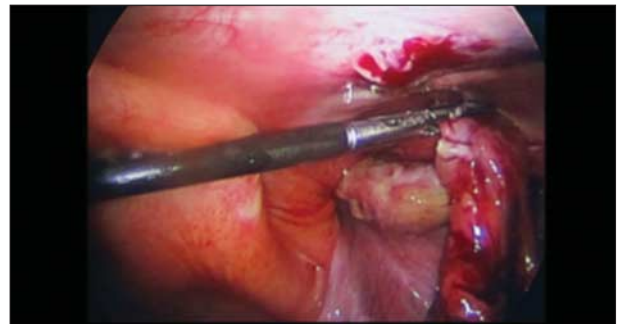
### What Is the Diagnosis?

- A. Incarcerated inguinal hernia
- B. Incarcerated femoral hernia
- C. Fourniere gangrene
- D. Testicular torsion

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**Figure 1.** Computed tomographic scan showing a thickened structure with adjacent infiltrative changes (arrow).



**Figure 2.** Laparoscopic intraoperative finding of partial reduction of the appendix.