

Image of the Month

Raman Kumar, MD; Elizabeth A. Bender, MD

A 52-YEAR-OLD AFRICAN AMERICAN MAN with lactose intolerance, non-insulin-dependent diabetes mellitus, hypertension, and a virgin abdomen presented with a 6-week history of a 4.5-kg weight loss and a 3-month history of worsening, intermittent, colicky epigastric and periumbilical abdominal pain associated with nausea and vomiting. His pain was most intense postprandially but was relieved by vomiting. He had constipation relieved with laxatives but was passing fla-

tus. A computed tomographic scan of the abdomen revealed a 4.5-cm ileal mass causing a high-grade partial small-bowel obstruction (**Figure 1** and **Figure 2**). An exploratory laparotomy revealed a 5-cm mass in the proximal ileum. A 12.5-cm segment of proximal ileum was sent for pathological analysis.

What Is the Diagnosis?

- A. Bezoar
- B. Inflammatory myofibroblastic tumor
- C. Ectopic pancreas
- D. Meckel diverticulum

Author Affiliations: Department of General Surgery, Summa Health System, Akron City Hospital, Akron, Ohio.



Figure 1. Ileal loop with a mass.

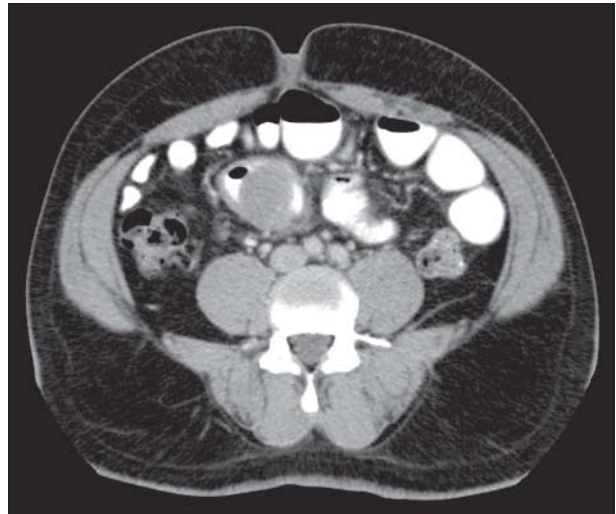


Figure 2. Computed tomographic scan of the abdomen showing an ileal mass.