

Beyond Appendicitis: Unusual Causes of Acute Abdominal Pain

Of the many causes of abdominal pain, appendicitis remains the most common diagnosis of exclusion on abdominal CT. Not only is it a common cause of pain, and potentially dangerous if not treated, but CT diagnostic accuracy can be as high as 98%. However, there are many other relatively common causes of abdominal pain that a routine CT scan can help diagnose within minutes. These include inflammatory bowel disease, aortic aneurysm and dissection, pyelonephritis, stones, hernias, bowel obstruction, diverticulitis, cholecystitis, constipation, viral adenitis, hepatitis, pancreatitis, splenomegaly and hemorrhagic cysts to name a few.

Here is a collection of some more unusual cases of abdominal pain in patients who presented for imaging within the past month.

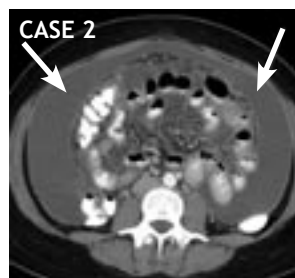
CASE 1

This 45-year-old female presented with LLQ pain. Abdominal CT demonstrated two fat density nodules adjacent to the sigmoid with surrounding inflammation consistent with epiploic appendagitis. This is caused by torsion of epiploic appendages (small pericolonic fat lobules) which have a characteristic appearance on CT imaging.



CASE 2

A 32-year-old female presented with bloating, nausea and abdominal pain. CT imaging



demonstrated a large volume of ascites with diffusely enhancing peritoneum. Mild mesenteric and chest adenopathy also noted. A subsequent paracentesis confirmed our suspicion for TB peritonitis.

CASE 3

A 14-year-old male presented with two weeks of abdominal pain and diarrhea. CT demonstrated an inflamed ileal diverticulum with obstructing fecolith. Hemorrhagic free fluid and free air also noted throughout the peritoneum. Imaging findings were consistent with a ruptured Meckel's diverticulum.



CASE 4

This 38-year-old pregnant female presented with acute severe abdominal pain. An ultrasound performed just before the exam showed fetal demise and large pelvic mass. CT imaging demonstrates a 15-week-old ruptured ectopic pregnancy in the left mid abdomen with diffuse hemoperitoneum. The uterus was massively enlarged containing innumerable fibroids. ■



Dear Colleague:

I'm pleased to send you the latest issue of "Update" from Swedish Radia Imaging Center. Six times a year we will send you information about the benefit of the state-of-the-art technology and expertise we provide. Your questions/comments are welcome. Call (425) 466-3764.

Ben Babusis, MD, Medical Director

Swedish Radia Clinical Indications for CT

- Sudden headache
- Sinusitis
- Lung disease
- Abdominal pain
- Renal stones
- Head trauma
- Assessment of osseous spinal disease
- Evaluation of patient with MRI contraindications (e.g. pacemakers)
- Cancer follow-up
- Lower extremity, thoracic, and abdominal arteriography
- 3D imaging of complex fractures

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- ❖ We are open until 7 p.m. for Ultrasound.
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- ❖ Our bright, new patient waiting area has a coffee bar, two big screen TVs and internet access.
- ❖ Average report turn around time at Swedish Radia is one to two hours.
- ❖ Average patient wait time is approximately 10 minutes.
- ❖ Patient access is easy from our free parking lot.
- ❖ We offer same day appointments.

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To schedule a patient at
Swedish Radia Imaging Center,
please call (425) 394-0660.

SWEDISH RADIA IMAGING CENTER

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Important Request for Information: National Practitioner Identifier (NPI)

Radia needs your help in obtaining NPI numbers of your physicians. As noted below in a recent communication from CMS, we need NPI numbers for all referring physicians for billing purposes.

The timeline for all providers to have their NPI assigned and to have systems updated for billing purposes is May 23, 2007.

Sharing NPIs (CMS Special Edition SE0679, Jan 2007):

"Once providers have received their NPIs, they should share their NPIs with other providers with whom they do business and with health plans that request their NPIs. In fact, as outlined in current regulation, all providers, including Medicare providers, that are HIPAA covered providers must share their NPIs with other providers, health plans, clearinghouses, and any entity that may need those NPIs for use in standard transactions, including the need to identify an ordering or a referring physician. Providers should also consider letting health plans, or institutions for whom they work, share their NPIs for them."

If your office has not applied for your physicians' NPI numbers, please visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. The site will direct you to an on-line application form.

Please email or fax your physicians' NPI numbers to Radia:

Email: cwest@radiax.com

Fax: (425) 297-6260

If you have any questions, please contact Cheryl West at (425) 297-6253. ■

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- ❖ Board-certified, sub-specialty expertise. ■



Alan Chan, MD,
(top), and Jeff
Robinson, MD