

Spontaneous omental infarction: A rare case of acute abdomen

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Abstract

Omental infarction is a rare but a sinister cause of acute abdomen. Preoperative diagnosis is challenging due to its rare nature. It poses nonspecific abdominal signs that can be easily mistaken with other more common intra-abdominal pathologies. We report a case of a 37-year-old male patient presented with right lower quadrant abdominal pain with an elevation of inflammatory markers. His cross-sectional imaging did not reveal a specific diagnosis; therefore, a diagnostic laparoscopy was performed which revealed a non-inflamed appendix and an inflammatory mass formed by the ischemic omentum attached to the ascending colon. Diagnostic laparoscopy and subsequent laparotomy revealed spontaneous omental infarction. The histology of the resected specimen was in keeping with the omental necrosis. This case reflects the importance of considering omental infarction in patients presenting with abdominal pain and raised inflammatory markers. He made an uneventful recovery following surgery.

Keywords

Acute abdomen, spontaneous omental infarction

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Introduction

Spontaneous omental infarction is a rare cause of acute abdomen. The causes can be categorized as primary and secondary. Secondary omental infarction occurs following omental torsion, commonly due to tumor, hernia, localized inflammation, trauma, postoperative adhesions, and other rare causes such as vasculitis, polycythemia, hypercoagulability, and thrombophilia.^{1–3} It comprises 0.1% of all laparotomies performed for acute abdomen, with a higher incidence in males than in females, common in the “40–50yr” age group.⁴ In comparison with secondary omental infarction, the aetiology of primary omental infarction or spontaneous omental infarction is still not clearly understood.

Preoperative diagnosis of omental infarction from other causes of acute abdomen such as appendicitis and acute cholecystitis is challenging as it is clinically indistinguishable. As it is a benign and a mostly self-limiting disease, an accurate preoperative diagnosis prevents the patient from going through the risks of surgery. Therefore, it is important to consider it in the differential diagnosis of a patient presenting with acute abdomen. We present a rare case of spontaneous omental infarction discussing the course of diagnosis and management.

Case presentation

A 37-year-old ASA1 male patient presented with right lower quadrant abdominal pain for 3 days. He did not have a history of fever, nausea, anorexia, urinary tract symptoms, or altered bowel habits. His past surgical history was unremarkable. On physical examination, general examination was unremarkable without pyrexia. On admission, he was hemodynamically stable with pulse rate of 88/min. The abdominal examination revealed significant tenderness and guarding in the right lower quadrant. There was no tenderness over the McBurney's point.⁵ His basic serum

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