

與大師對談

GI section

2021-03-16

臺北醫學大學附設醫院 R4江妤/VS孔慶惠

規則介紹

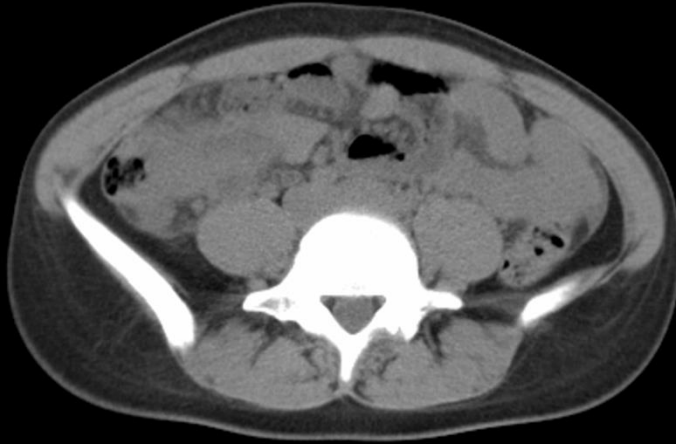
- 依照臨床時序，請大師模擬一線放射科醫師；於未知診斷，或者有限度臨床線索之情形下，進行閱片及解讀。
- 鑑別診斷為主要，確定診斷為次要。
- 目的在於學習大師之影像判讀邏輯思考。
- 針對消化系統影像判讀。
- 大師評論本院影像品質建議及改進。

CASE 1

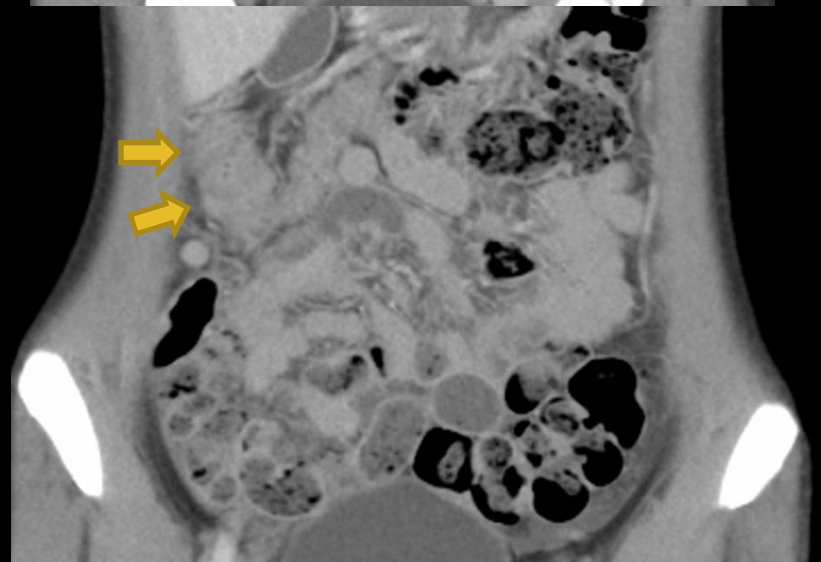
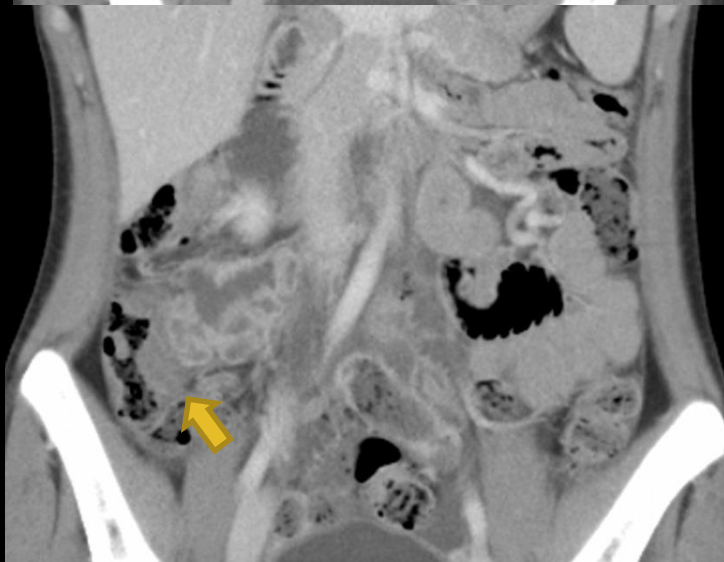
Case 1

- 23 F
- No underlying disease
- S: abdominal pain and poor appetite for one week
- O: RLQ tenderness; CRP in ER: 2.71
- 2020-02-14 CT

2020-02-14 CT



2020-02-14 CT



DDx

- Mesenteric tuberculosis
- Multicystic mesothelioma
- Peritoneal sarcomas
- Atypical desmoid tumor
- Mesenteric carcinoid

Diagnosis

- Tuberculosis of mesentery and cecum

病理診斷：Intestine, large, mesentery and cecum, laparoscopy excision, granulomatous inflammation with caseous necrosis (acid-fast stain positive mycobacteria present, highly suggestive of tuberculosis)

Intestine, small, terminal ileum, laparoscopy excision, granulomatous inflammation

Appendix, laparoscopy excision, periappendicitis with granulomatous inflammation

Omentum, laparoscopy excision, granulomatous inflammation

Lymph node, small intestine area, lymphadenectomy, granulomatous inflammation

Lymph node, colon area, lymphadenectomy, granulomatous inflammation

GI tuberculosis

- **GI TB**: the most common site of extrapulmonary TB (11%)
- **Coexisting pulmonary TB** seen in 15%
- 4 types:
 - ① **Intestinal TB** (ileocecal > ileum > jejunum, rarely multifocal and related to TB peritonitis)
 - ② **Peritoneal TB**: nodular or diffuse thickening & pronounced enhancement of the peritoneum and mesentery
 - (a) **wet type** (90%): **gross ascites** with or without smoothly thickened peritoneum
 - (b) **dry type**: thickening of peritoneum with **dense adhesions** and micronodule formation seen

GI tuberculosis

- (c) fibrosing/fixed type: a rare form of peritonitis where **necrotic matted LN mass in mesentery** can cause surrounding desmoplastic reaction giving stellate mesentery appearance resulting in **clumping, tethering of bowel loops, bowel wall thickening**, bowel obstruction, fistula formation, cold abscess, and loculated ascites
- ③ **TB LAP: discrete or matted forming a mass** within the mesentery or in the retroperitoneum, *central liquefactive necrosis*
- ④ **Tubercular ascites:** exudative **high attenuation** ascites, free or loculated
- Key point:
Presence of mesenteric mass, multisegment bowel wall thickening, necrotic lymph nodes, and ascites in appropriate clinical settings and epidemiology, highly suggest **mesenteric tuberculosis**.

Fibrosing mesenteric involvement - rare

CT abdomen: (a) late arterial phase showing multiple discrete and conglomerate mesenteric lymph nodal masses (block white arrow) and perihepatic free fluid (white star). (b) Portal phase showing central low attenuating discrete lymph node (block white arrow). (c) Showing conglomerate mesenteric lymph node mass causing tethering, retraction, kinking, and matting of small intestinal loops (white arrowhead). (d) Showing jejunal loop wall thickening (black arrowhead). (e) Coronal reformation showing multiple central low attenuating discrete (thin black arrow) and conglomerate mesenteric lymph nodal mass (block white arrow). (f) Coronal reformation showing mesenteric based lymph nodal mass with surrounding desmoplastic reaction causing tethering, inking, and retraction of small bowel loops (curved white arrow).

