ambulance staff are made aware of the wide spectrum of clinical manifestations for this condition.

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IMAGES IN EMERGENCY MEDICINE

Typhlitis with clinical presentation mimicking appendicitis

Richard Kuo, Chin-Yin Sheu, Fei-Shih Yang

A 62-year-old woman presented with diffuse persistent low abdominal pain with fever (38.8°C). She had acute myelogenous leukaemia and had received her first course of consolidation chemotherapy 1 week previously. The physical examination found severe right lower quadrant tenderness with rebounding pain. Blood analysis revealed a white blood cell count $200 \times 10^6/l$. Abdominal computed tomographic (CT) scan revealed circumferential wall thickening of the caecum and terminal ileum (fig 1). The CT findings under this clinical setting were consistent with typhlitis. Broad spectrum antibiotics were administered and the symptoms gradually dissipated within a few days. Typhlitis—also called neutropenic enterocolitis—is characterised by inflammation of the caecum and terminal ileum as a result of bowel wall invasion by intestinal organisms due to impaired host

defences. The clinical presentation of typhlitis is similar to appendicitis, but in most patients symptoms resolve after correction of the neutropenia and conservative treatment with bowel rest and broad spectrum antibiotics. However, if the clinical condition deteriorates despite aggressive supportive treatment, surgical intervention is indicated. Familiarity with the typical clinical setting and CT findings may help to prevent unnecessary laparotomy.

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Figure 1 Contrast-enhanced abdominal computed tomographic scan revealing circumferential bowel wall thickening of the caecum (arrowhead) and terminal ileum with a target appearance (arrow) associated with perifocal mesenteric strandings, suggestive of oedematous change caused by inflammation.

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