to rickets in the patient described here. This responds well to treatment with oral vitamin D.

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IMAGES IN EMERGENCY MEDICINE

Omental infarction: a rare cause of acute abdominal pain

Snehal Lapsia, Sangeet Ghai

A 38-year-old man presented to our emergency department with an acute history of abdominal pain. Physical examination elicited tenderness in the right upper quadrant. The only significant laboratory value was a raised C-reactive protein of 95 mg/l. The provisional diagnosis was of acute cholecystitis but the ultrasound scan that followed was normal. He remained symptomatic and subsequent computed tomography (fig 1) revealed ill defined stranding of the right sided omentum together with mild reactive bowel wall thickening, resulting in the diagnosis of omental infarction. The patient was treated conservatively and made a full and speedy recovery.

Omental infarction is caused by a compromise to the blood supply by

either torsion or spontaneous venous thrombosis.¹ Clinically it is often indistinguishable from acute cholecystitis and appendicitis. Its importance lies in the fact that if correctly diagnosed patients can avoid surgery and be reassured about the benign and self limiting nature of the disease.

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Figure 1 Omental infarct on the right side of the abdomen as indicated by the arrow in a 38-year-old man. Informed written consent was obtained for the publication of this figure.

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