Colonic phytobezoar

A healthy 51-year-old man presented to the emergency department owing to a lack of bowel movement and dull abdominal pain for 1 week. He had no history of any systemic illness. Physical examination disclosed hypoactive bowel sound and a 4-cm palpable mass over the left lower quadrant. A rectal examination was normal. Unenhanced computed tomography of the abdomen and pelvis disclosed a heterogeneous intraluminal mass, measuring 4.8 cm, with a mottled gas pattern impacted at the rectal-sigmoid junction (fig 1, arrow). Under rigid sigmoidoscopy, the bezoar was fragmented by a polypectomy snare. The follow-up barium enema was normal and the patient made an uneventful recovery.

Bezoar formation often combined gastrointestinal stasis and ingestion of non-digestible food material. The characteristic computed tomography finding of gastrointestinal bezoars is an intraluminal mass containing a mottled gas

pattern.¹ As 20% of patients had recurrent bezoars, avoiding causative foods as well as proper mastication and adequate water intake would probably be beneficial.

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Figure 1 Multidetector-row computed tomography of the abdomen and pelvis disclosed a heterogeneous intraluminal mass, measuring 4.8 cm, with a mottled gas pattern (arrow) impacted at the rectal-sigmoid junction.

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Double wall sign

A 77-year-old man presented with epigastric pain and nausea that lasted for 36 h. On arrival, he was hypotensive (100/70 mm Hg) and had low-grade fever (37.4°C). Physical examination showed generalised abdominal tenderness and a positive peritoneal sign. Plain abdominal radiography disclosed a double-wall sign (arrows), indicating pneumoperitoneum (fig 1). Subsequent contrast-enhanced computed tomography confirmed the presence of free air accumulation and extravasation of oral contrast medium in the peritoneal cavity. On exploratory laparotomy, a 1-cm perforation above the prepyloric region was found. The patient underwent ulcerectomy and pyloroplasty, and had an uneventful recovery.

Double-wall sign, also known as Rigler sign, indicates that both sides of the bowel wall can be visualised on a radiograph of the abdomen obtained

with the patient in the supine position. The detection of pneumoperitoneum by recognition of the double-wall sign is important in patients with acute abdomen, as urgent surgical attention may be required.¹

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Figure 1 Plain abdominal radiograph showing a double-wall sign (arrows).

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