CASE REPORT

Prevertebral paraspinal inflammation presenting with acute abdominal pain

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SUMMARY

CT or MRI evaluation as a further diagnostic modality may be recommended in a patient showing vague clinical manifestation in the second order when patients present with subjective discomfort and simple and initial radiological modalities do not show any specific abnormal findings.

BACKGROUND

If a patient presents with common and minor symptoms and signs we usually consider a non-life-threatening disease. However, in case of indefinite origin we should investigate further such as CT and MRI.

CASE PRESENTATION

A 36-year-old female patient, who had suffered acute epigastric pain for 2 days, came to our emergency department. The vital signs were within normal limits. She had no significant medical history. She had visited a local orthopaedic clinic for back pain and received the conservative management 3 days before. However, her epigastric pain and tenderness developed 2 days ago. These symptoms and signs aggravated on the supine position and during rest. Laboratory tests in our emergency department did not demonstrate any specific problems. Abdominal CT and thoracolumbar MRI were performed for the further evaluation of

related vague manifestations. In the CT and MRI, the prevertebral paraspinal inflammatory changes were found at the same location (figure 1). Awareness of the precondition and the recognition of its radiological features are key factors to avoid unnecessary medical or surgical interventions.¹ She received conservative treatments with intravenous antibiotics and left the hospital after 10 days.

INVESTIGATIONS

Physical examination, thoracolumbar CT and MRI were performed.

DIFFERENTIAL DIAGNOSIS

Gastrointestinal (GI) visceral origin pathological processes, abdominal somatosensory origin skin lesion like herpes zoster, musculoskeletal disease on chest and abdomen and mechanical obstruction in the GI tract.

TREATMENT

► Parenteral antibiotics and conservative treatments.

OUTCOME AND FOLLOW-UP

The patient was discharged without complications.

DISCUSSION

► We cannot find a similar case.

Figure 1 Abdominal CT and thoracolumbar MRI at the same location of subjective symptoms. (A) In the coronal abdominal CT, the prevertebral paraspinal inflammation was processed at T8–10 levels (arrow). (B) In the sagittal thoracolumbar MRI, the prevertebral paraspinal inflammation at T8–10 levels was indicated as the cause of the symptoms (arrow).

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Learning points

- ▶ We should be aware of such a condition and proceed with further investigations when a patient shows vague clinical manifestations, even if the initial findings are normal or insignificant.
- ▶ When X-ray study does not show any specific abnormality in a patient with persistent abdominal pain further diagnostic modalities such as CT and MRI should be taken as soon as possible.
- ▶ Acute abdominal pain can originate from a lesion in thoracolumbar vertebrae.

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