Abdominal Cocoon: “Cauliflower Sign” on CT Scan

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Abstract A case of an abdominal cocoon that showed a characteristic “cauliflower sign” on CT scan has been presented.

Keywords Abdominal cocoon · Tuberculosis · Peritoneal encapsulation

Case report

A 65-year-old man presented with progressive distention of the abdomen for 8 months. Examination of the abdomen revealed an ill-defined cystic mass in the

upper abdomen. A contrast-enhanced CT scan showed a well-encapsulated fluid collection with the intestine forming the posterior wall and freely floating in the fluid causing a “cauliflower-like appearance” (Fig. 1). At laparotomy, a thick-walled cyst was encountered, containing approximately 500 ml of straw-colored fluid and free-floating loops of small intestine. The mesentery of the small intestine and the cyst wall were studded with whitish tubercles (Fig. 2). The entire cyst wall was excised and the bowel loops freed. Biopsy from the cyst wall was consistent with tuberculosis.

An abdominal cocoon or sclerosing encapsulating peritonitis is characterized by encapsulation of a small-bowel segment in a fibrous capsule. It may be idiopathic or secondary to various conditions like prior abdominal surgery or peritonitis, tuberculosis, use of drugs like practalol or propanolol, ventriculo-peritoneal shunt, cirrhosis, etc. Sieck et al. [1] reported a “cauliflower sign” on barium contrast study for this entity, characterized by serpentine dilatation of the small-bowel loop in a fixed U-shaped cluster. A similar appearance was noted in the present case on CT scan which has not been reported earlier.

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Fig. 1 a, b Contrast-enhanced CT scan of the abdomen showing a well-encapsulated fluid collection with the intestine forming the posterior wall and freely floating in the fluid causing a “cauliflower-like appearance”

Fig. 2 The mesentery of the small intestine and the cyst wall were studded with whitish tubercles

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

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