

Fat Necrosis Of Omentum As A Cause Of Intestinal Obstruction

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Citation

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Abstract

Omental fat necrosis is a rare cause of non specific abdominal pain. We report a forty seven year old lady who presented with symptoms of intestinal obstruction which was due to fibrous band related to fat necrosis of omentum. She made a remarkable recovery following excision of the band. We believe our case to be the first reported case of intestinal obstruction due to omental fat necrosis.

INTRODUCTION

Omental fat necrosis is a rare cause of non specific abdominal pain. We report a forty seven year old lady who presented with symptoms of intestinal obstruction which was due to fibrous band related to fat necrosis of omentum. We believe our case to be the first reported case of intestinal obstruction due to omental fat necrosis.

CASE REPORT

Forty seven year old lady presented with two days symptoms suggestive of intestinal obstruction. She has been suffering from chronic constipation for twenty years. Examination revealed mild diffuse distention of abdomen and periumbilical tenderness. Radiographs and barium meal follow through revealed dilated loops of small bowel (Figure 1). CT scan of abdomen and pelvis showed location of the caecum in the left hypochondrium, indicative of malrotation (Figure 2).

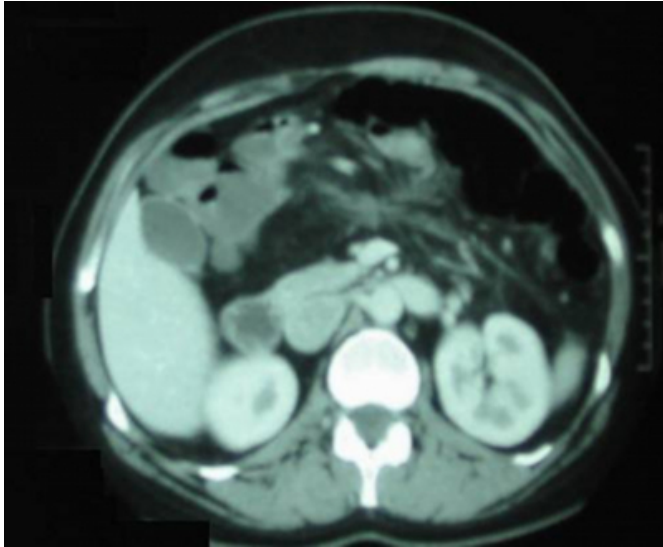
Figure 1

Figure 1: Barium meal follow through showing dilated bowel loops.



Figure 2

Figure 2 : CT scan showing fibrous band with malrotation



Exploratory laparotomy confirmed the mobile caecum in the left hypochondrium and a thick omental band constricting the terminal ileum which was released. Histopathology of the band revealed fat cells surrounded by foamy macrophages and multinucleated giant cells indicative of fat necrosis (Figure 3,4). She made a remarkable recovery following the laparotomy.

Figure 3

Figure 3 : Low power view showing fibrosis and a cellular infiltrate around degenerate fat cells.

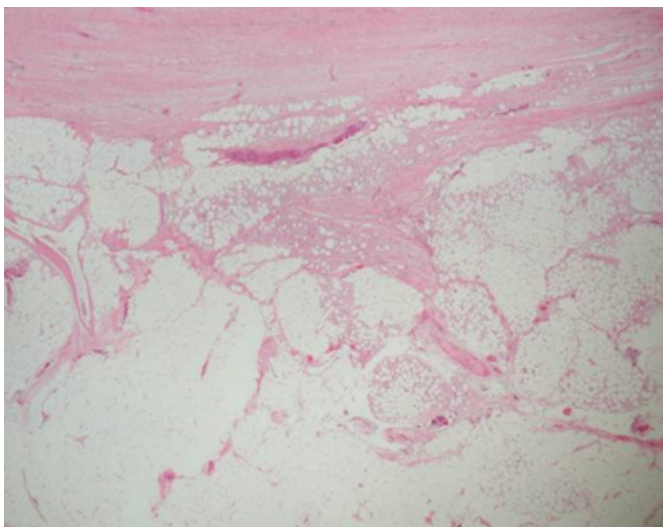
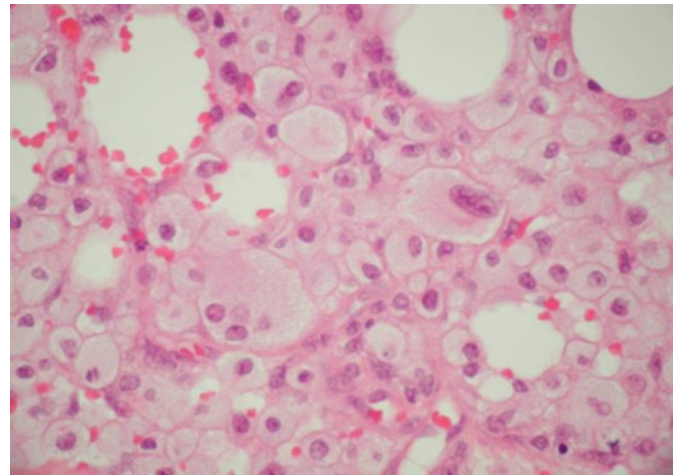


Figure 4

Figure 4 : High power view shows fat cells surrounded by foamy macrophages with several multinucleate giant cells.



DISCUSSION

Liu and Lawal in their review suggested that the etiology of intestinal obstruction include adhesions, hernia, volvulus, intussusception, tumour and foreign bodies.^{1,2} Omental fat necrosis is a rare condition and predominantly present with abdominal pain. Radiological investigations in the form of ultrasonography and CT scan may reveal a fatty oval shaped mass with thickening of the parietal peritoneum.³ Arnosky and co workers in their series of 563 patients with acute abdominal pain, reported that the incidence of abdominal fat necrosis was only 1.1%.⁴ In our case fat necrosis had resulted in a thick fibrous band which had constricted the terminal ileum causing features of intestinal obstruction.

CONCLUSION

Omental fat necrosis, though rare, should be considered in the differential diagnosis of patients presenting with non specific abdominal pain and symptoms suggestive of intestinal obstruction.

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