

# A PICTURE ISN'T ALWAYS WORTH A THOUSAND WORDS: A CASE OF DISCREPANCY BETWEEN RADIOLOGICAL AND OPERATIVE FINDINGS

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## **Introduction**

There is much published literature considering the discrepancy between radiological findings and operative findings of portal venous gas and mesenteric pneumatosis. Here, we present an example where this is the case. We recognise that pre-operative imaging findings carry significant informative importance for the consent process and operative planning.

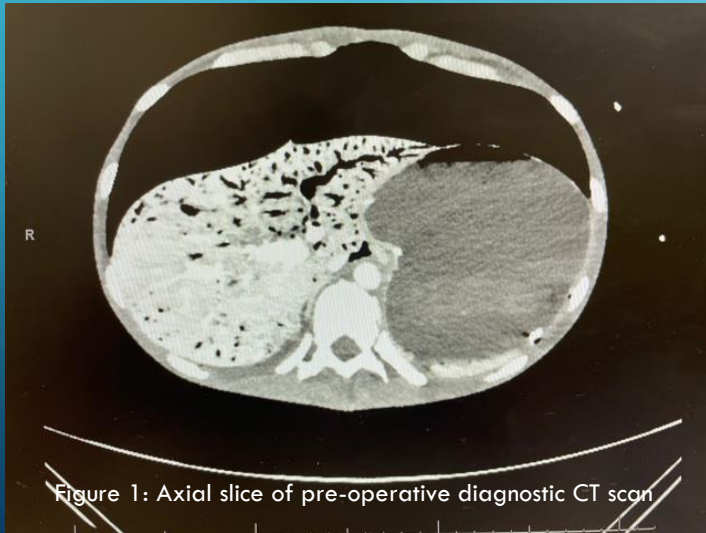


Figure 1: Axial slice of pre-operative diagnostic CT scan

This case presents a 22-year-old female who was 7 days post emergency right hemicolectomy for caecal volvulus when she presented to the emergency department with abdominal pain, distension and vomiting. She proceeded to CT scan which revealed a large volume of free air, free fluid and widespread portal venous gas extending to the hepatic edges as demonstrated in the image here.

Radiologically, her anastomosis was noted to be **intact** however there was concern over the viability of her small bowel; this information was shared with the patient and her family and the potential consequences.

She proceeded to laparotomy. Operative findings revealed total anastomotic breakdown, but a viable small bowel. She underwent a 4-quadrant wash out and formation of an end ileostomy.

## **Discussion**

It is well established that CT appearances are a poor indicator for operative findings in the acutely unwell patient, however they continue to have a diagnostic role and aid the process of informed consent.