

A butterfly in the belly: an unusual cause of intestinal obstruction

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CASE REPORT

A 52-year-old man presented with a three-week history of abdominal pain, nausea and vomiting. His HIV-1 infection was successfully suppressed with antiretroviral therapy and in 2005 he was treated for pulmonary tuberculosis. At presentation in the emergency department he was haemodynamically stable and physical examination showed no abnormalities. Laboratory results revealed mild signs of dehydration (blood urea nitrogen 7.9 mmol/l,

creatinine 107 μ mol/l, haematocrit 0.50 l/l) without signs of inflammation (C-reactive protein 3 mg/l). Abdominal ultrasound revealed multiple thickened, irregular small bowel loops. He was admitted to the internal medicine ward for rehydration and further evaluation. Because of persistent vomiting, a gastroduodenoscopy was performed. Stomach retention (without further abnormalities) was present despite the fact that the patient did not have any oral intake prior to the procedure. A CT scan of the abdomen showed a dilated stomach and duodenum

Figure 1. Coronal CT image shows a cluster of proximal jejunum loops in the left upper quadrant (arrowheads). The stomach and duodenum were dilated (duodenum was 4.2 cm wide) and obstructed at the level of the ligament of Treitz (arrow). The proximal jejunal loops were surrounded by a small band-like structure



Figure 2. Axial CT image displays an encapsulated proximal jejunum in the left upper quadrant of the abdomen. A fibro-collagenous, non-calcified membrane was identified surrounding a cluster of proximal jejunal loops (arrowheads)



up to 4.2 cm. There was a calibre change at the Treitz ligament with a subtotal obstruction of the jejunum. Furthermore, a fibro-collagenous, non-calcified membrane was surrounding a cluster of proximal jejunal loops (figure 1 and 2). In addition, a diagnostic laparoscopy was performed (figure 3).

WHAT IS YOUR DIAGNOSIS?

See page 220 for the answer to this photo quiz.

Figure 3. Laparoscopic image showing a white membrane with adhesions starting at the Treitz ligament covering the proximal jejunum and peritoneum over approximately 75 cm

