

Gastrointestinal and Liver Pathology at Rush

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Case of the Month Question – August 2008

Contributed by Drs. Deborah Giusto and Shriram Jakate

A 29-year-old male presents to the emergency room with a severe, acute onset of abdominal pain for approximately the last 3 hours. The patient states that the pain is periumbilical and is an eight of ten on a pain scale. The patient denies any significant medical/surgical history or drug/alcohol use. The patient also denies nausea, vomiting, diarrhea, chills or fever. On physical exam, the patient appears uncomfortable but there is no distension or peritoneal signs of the abdomen. Abdominal tenderness is diffuse. The remaining physical exam is normal. The patient has a slightly elevated WBC count of 12,000 and an elevated lipase of 549. All other labs are within normal limits. The patient then undergoes a CT scan which shows a thickened portion of the jejunum just at the ligament of Treitz which appears to be either a mass or perforation. The patient is then taken to surgery and has a resection of the small bowel with primary anastomosis. A gross photograph of the serosal jejunal mass is seen in Figure 1. A histological section of the jejunal mass is provided in Figures 2 and 3.

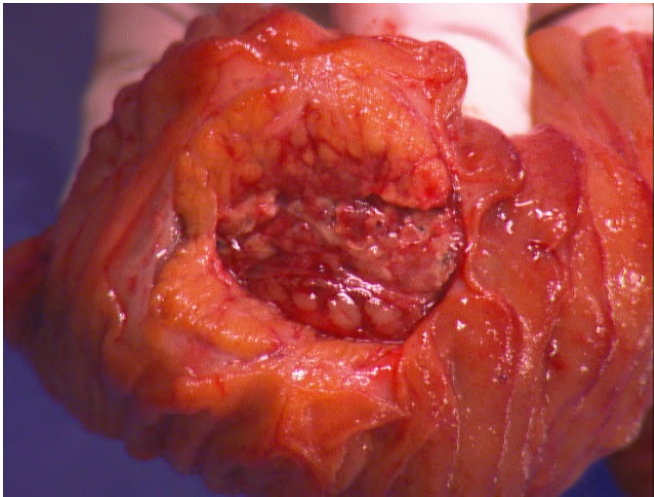


Figure 1. Gross photograph of the serosal jejunal mass (4.0 x 3.0 x 2.2 cm).

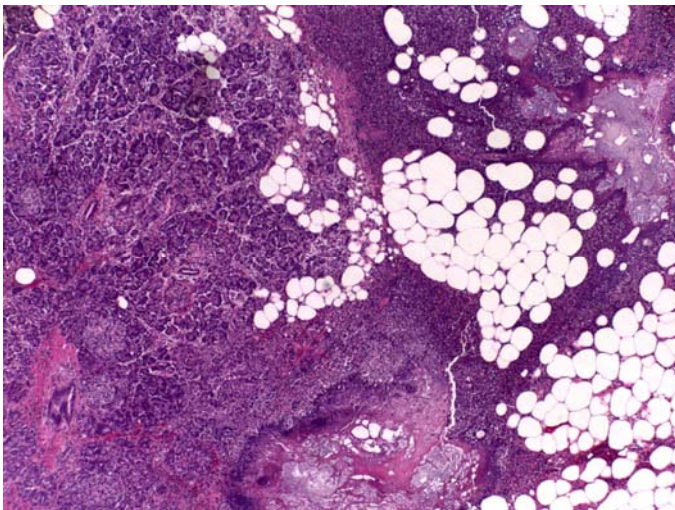


Figure 2. Histological section from the serosal jejunal mass (hematoxylin and eosin stain, 40x magnification).

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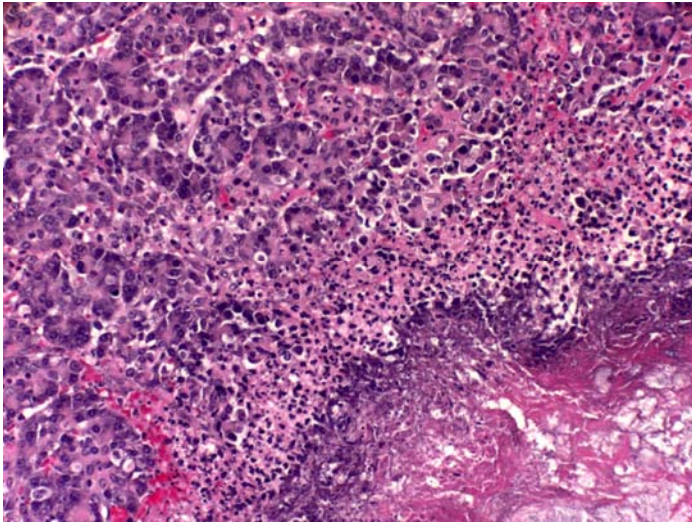


Figure 3. Histological section from the serosal jejunal mass (hematoxylin and eosin stain, 200x magnification).