cecum twists in the axial plane, and remains in the right lower quadrant; in the other half, the cecum occurs, bowel wall thickening, pneumatosis, mesenteric haziness and fluid are found at CT (26).

Establishing this diagnosis, hyperdense small bowel wall thickening, which is homogeneous and unfortunately plain films can be equivocal in up to 1/3 of cases, due to overlapping of the limbs of the bowel (24,26). Occasionally, a "coffee-bean" appearance of the small bowel loops into the left space of Retzius, associated with inflammatory changes and mass effect on the bladder (F). Findings were proven at surgery.

Fig. 3. 45-year-old man with right upper quadrant pain. CT shows dilatation of the appendix and a "swirl sign" of the vessels in the left abdomen. Appendagitis.

Epiploic appendagitis.

Findings of cecal volvulus were confirmed at surgery.

55-year old man with left abdominal pain, vomiting, and tenderness. Small bowel bezoar.

Small bowel diverticulitis.

62-year-old woman underwent CT following chest tube placement for a left pleural effusion. Gallstone ileus.

92-year-old woman with abdominal pain, lower GI bleeding, and decreasing hematocrit, on admission. Hemorrhagic tumors presenting as an acute abdomen.

OF THE ACUTE ABDOMEN: CT DIAGNOSIS

UNUSUAL OR RARE GASTROINTESTINAL CAUSES OF THE ACUTE ABDOMEN: CT DIAGNOSIS

ISCHEMIC COLITIS

Small bowel followed injection with contrast material. Gallstone ileus is in fact not an ileus, but a bowel obstruction secondary to a gallstone eroding into the intestine. Gallstone ileus, a potentially fatal condition, is a rare presentation of bowel obstruction and is associated with pulseless ileus.

Small bowel bezoar.

Gallstone ileus.