Int J Emerg Med (2010) 3:477–478
DOI 10.1007/s12245-010-0165-0

CLINICAL IMAGES

Omental cake

Kai-Yuan Wang · Wei-Jing Lee · Hung-Jung Lin

Received: 12 October 2009 / Accepted: 22 January 2010 / Published online: 23 March 2010

A 48-year-old woman without systemic disease presented to the emergency department with a 2-month history of abdominal pain and distension. General malaise, anorexia, alternating constipation and diarrhea, and intractable hiccups were also noted. Physical examinations revealed a soft and distended abdomen without an obvious tender point. Routine laboratory tests were unremarkable except for mild anemia with a hemoglobin level of 11.7 g/dl. Focused abdominal ultrasound was performed by the emergency physician revealed ascites and multiple echogenic implants over the parietal peritoneum (Fig. 1). Computed tomography of the abdomen was arranged and showed diffuse peritoneal infiltration and ascites (Fig. 2).

Diffuse peritoneal infiltration (omental cake) occurs most commonly as secondary to intraperitoneal tumor spread. Other less common causes of the peritoneal infiltration include inflammatory conditions such as tuberculosis, Crohn's disease, phlegmonous pancreatitis, granulomatous enterocolitis, benign disease (desmoid fibroma, extramedullary hematopoiesis, and hemoperitoneum), and malignant disease entities [1]. An omental cake is classically associated with ovarian carcinoma, but it may also be seen with

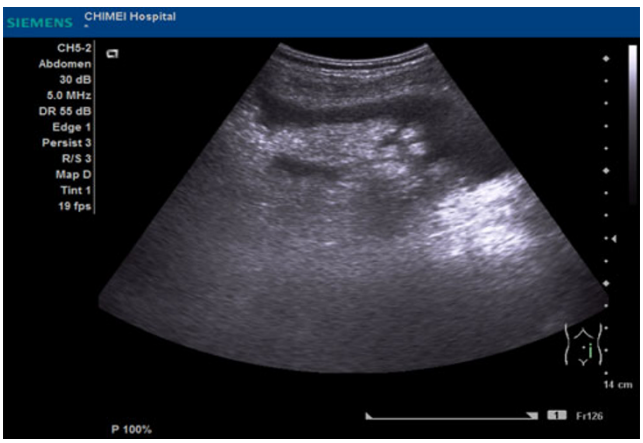

Fig. 1 Ultrasound revealing ascites formation and presence of multiple echogenic lesions over the parietal peritoneum

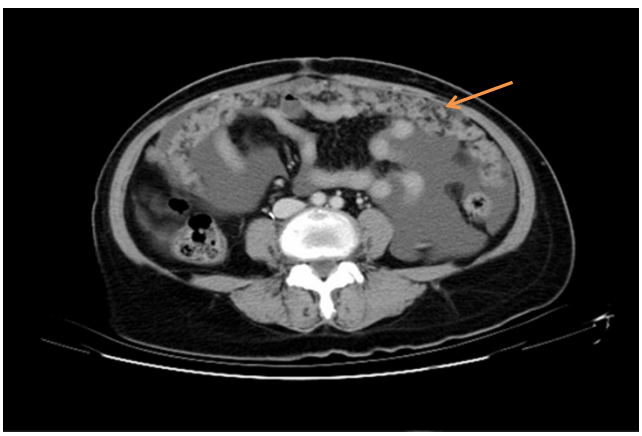

Fig. 2 Computed tomography of the abdomen revealed diffuse peritoneal infiltration and ascites

K.-Y. Wang · W.-J. Lee (✉) · H.-J. Lin
Department of Emergency Medicine, Chi-Mei Medical Center,
901 Chung-Hua Road,
Yung-Kang City, Tainan 710, Taiwan
e-mail: saab931103@yahoo.com.tw

carcinomatosis and lymphomatosis, mesothelioma, primary peritoneal serous carcinoma, tubal carcinoma, and rarely, cholangiocarcinoma [2]. A computed tomography (CT) scan is an effective method for detection of peritoneal disease. CT images along with CT-guided or laparoscopically assisted biopsy of the peritoneal core is required for a definite diagnosis of the disease entities.

References

1. Ha HK, Jung JI, Lee MS, Choi BG, Lee MG, Kim YH, Kim PN, Auh YH (1996) CT differentiation of tuberculous peritonitis and peritoneal carcinomatosis. AJR Am J Roentgenol 167:743–748
2. Rodríguez E, Pombo F (1996) Peritoneal tuberculosis versus peritoneal carcinomatosis: distinction based on CT findings. J Comput Assist Tomogr 20(2):269–272