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Peritoneal loose body

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A 67-year-old Japanese asymptomatic man with diabetes visited our hospital. Computed tomography (CT) was performed to rule out malignancy of the pancreas. Plain CT showed a 4 cm well-defined mass with a central low density area in the pelvic cavity (Picture 1). Contrast-enhanced CT demonstrated it was not stained (Picture 2). CT in prone position revealed that the position of the mass was changed (Picture 3). On the basis of these findings, the lesion was diagnosed as peritoneal loose body. It has been generally thought to originate from torted and infarcted epiploic appendices (1), which are visceral peritoneal pouches filled with fat that exist along the colon. The reported typical findings of CT have described a round or oval-shaped well-defined mass with or without central calcification surrounded by peripheral soft tissue density. Since it is necessary to prove mobility of the mass for the definitive diagnosis, CT in prone position is useful (2). Unfortunately, due to the rarity and poor recognition of this disease, often unnecessary surgical intervention has been performed. Physicians should be aware of this disease.

References

1. Southwood WF. Loose body in the peritoneal cavity. Lancet **271:** 1079, 1956.
2. Gayer G, Petrovitch I. CT diagnosis of a large peritoneal loose body: a case report and review of the literature. Br J Radiol **84:** e83-85, 2011.