

Clinical Image

Open Access, Volume 5

Chilaiditi syndrome: A simple chest x-ray image makes the diagnosis

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Received: Dec 19, 2023

Accepted: Jan 10, 2024

Published: Jan 17, 2024

Archived: www.jcimcr.org

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DOI: www.doi.org/10.52768/2766-7820/2801

Keywords: Chilaiditi syndrome; Chest x-ray image; Diagnosis; Bowel obstruction.

Description

Chilaiditi syndrome is the colonic interposition to the liver reaching the under-surface of diaphragm with associated abdominal pain; it is one of the causes of pseudopneumoperitoneum. This clinical manifestation distinguishes chilaiditi syndrome from asymptomatic colonic interposition, which is termed as chilaiditi sign [1,2].

A chest x-ray image confirms the diagnosis by showing gas between the liver and diaphragm. CT-scan can be performed to define whether there is pneumoperitoneum if abdominal visceral perforation is suspected [1,3].

Symptomatic patients with chilaiditi syndrome are usually

treated conservatively with analgesia. Patients with evidence of bowel ischemia may be offered surgical treatment [1,4].

We report a case of a 43-year-old-man, with pathological history of intermittent and diffuse abdominal pain without intestinal transit disorder. The patient developed acute onset of epigastric pain and postprandial vomiting. He presented to the emergency department 12 hours after the beginning of symptoms. A physical examination revealed haemodynamically stable patient and abdominal distension.

Routine laboratory tests were without anomalies. A chest x-ray image showed colonic interposition between the liver and diaphragm; the findings were suggestive of chilaiditi sign (Figure 1).

Citation: Rahali A, Rebbani M, Njoumi N, El Brahmi Y, Elfahssi M, et al. Chilaiditi syndrome: A simple chest x-ray image makes the diagnosis. *J Clin Images Med Case Rep.* 2024; 5(1): 2801.

The symptoms gradually disappeared; the patient was discharged on day 3 after receiving conservative treatment and complete oral feeding resumption. He was reviewed in consultation four weeks later, the clinical examination was unremarkable.



Figure 1: Chest x-ray image showing the chilaiditi sign.

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