

Image

Visceral scalloping

Visceral scalloping was classically attributed to pseudomyxoma peritonei.

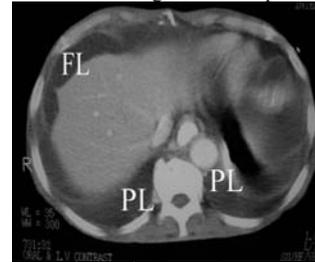
Case 1: A 63-year-old lady came with recurrent episodes of abdominal pain and distension. She was a known case of pseudomyxoma peritonei on conservative management. CT scan (Fig) showed advanced disease with ascites and visceral scalloping of the liver and spleen, along with multiple calcified septations and fixation of bowel loops to the posterior wall. Ascites was equally distributed in the greater and lesser sac, suggesting a malignant cause. The umbilical hernia was also involved with mucinous ascites.

Case 2: A 51-year-old man with chronic duodenal ulcer presented with gastric outlet obstruction. Endoscopy revealed deformed duodenal cap with suspected extrinsic impression over the posterior wall of stomach. CT scan showed thickening and



Fig: Post-contrast CT (Case 1; left) in pseudomyxoma peritonei shows mucinous ascites (MA) with calcified septations. Multifocal visceral scalloping is seen. LS: involvement of lesser sac. Case 2 (right): Peritoneal metastases in carcinoma of stomach. Visceral scalloping of liver is seen. Intraperitoneal fluid (FL) and bilateral pleural effusion (PL) are noted

indentation of the posterior wall of the stomach and loss of fat plane between the stomach and pancreas. In addition there was ascites and visceral scalloping (Fig). Laparotomy revealed a large mass arising from the posterior wall of stomach, involving the greater and lesser sac along with perigastric lymphadenopathy and peritoneal implants. Hemorrhagic ascites and visceral scalloping was found to be due to



peritonei. Visceral scalloping is seen only with large-volume ascites. The peritoneal cavity completely filled with mucinous ascites. Lymphadenopathy is seen other than pseudomyxoma peritonei. Pseudomyxoma peritonei may occur without visceral scalloping as well.² Similarly visceral scalloping also can occur in other diseases such as peritoneal metastases. Intraperitoneal contrast CT (CT peritoneography) or IV contrast-enhanced MRI appear to be the best modalities to detect peritoneal metastases.

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References

1. Sulkin TVC, O'Neill H, Amin AI, Moran B. CT in pseudomyxoma peritonei: a review of 17cases. *Clin Radiol* 2002; 57:608-13.
2. Garg L, Gupta A, Shrimali R. Mucocele of appendix. *Indian J Radiol Imaging* 2001;11:1.

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