



# Omental Infarction after Infectious Uterine Underwent Caesarian Section: A Case Report

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## Abstract

Omental infarction is a rare disease that affects the entire omentum or a segment of the greater omentum. It presents as acute abdominal pain mainly in the right lower quadrant or right flank. Left-sided omental torsion is infrequent and it is rarely preoperatively diagnosed. Omental infarction is a differential diagnosis in the acute abdomen. As most cases of omental infarction can be adequately diagnosed via computed tomography, a conservative treatment strategy for patients without complications should be considered in order to avoid any unnecessary surgical intervention. Our case was a middle age woman with abdominal pain that surgery showed omental infarction after infectious cesarean section. After surgery patient discharged successfully. Although the classical treatment of omental infarction is surgery, more recently the conservative management has been suggested. Thus, we believe that the knowledge of the characteristic imaging findings is essential for establish a correct preoperative diagnosis, which can avoid unnecessary surgical intervention.

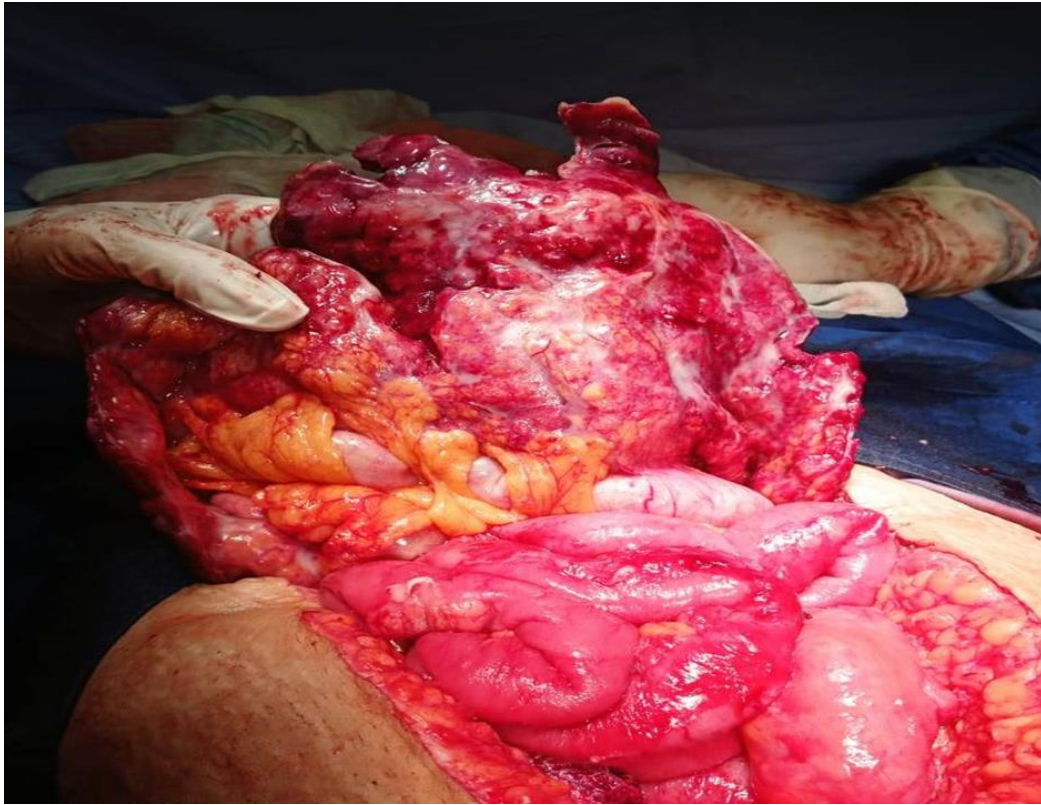
**Keywords:** *Omentum, Omental Infarction, Uterine, Caesarian section.*

## Background

Omental infarction is a rare disease that affects the entire omentum or a segment of the greater omentum, the cause of which sometimes remains elusive [1,2]. There have been about 300 cases of omental infarction reported in literature [3,4], since the first case reported in 1896 by Bush [5]. Although the classical treatment of omental infarction is surgery, more recently the conservative management has been suggested. Thus, we believe that the knowledge of the characteristic imaging findings is essential for establish a correct preoperative diagnosis, which can avoid unnecessary surgical intervention. This case presentation wants to show rare results of abdominal surgery and following the patient after surgery is so important.

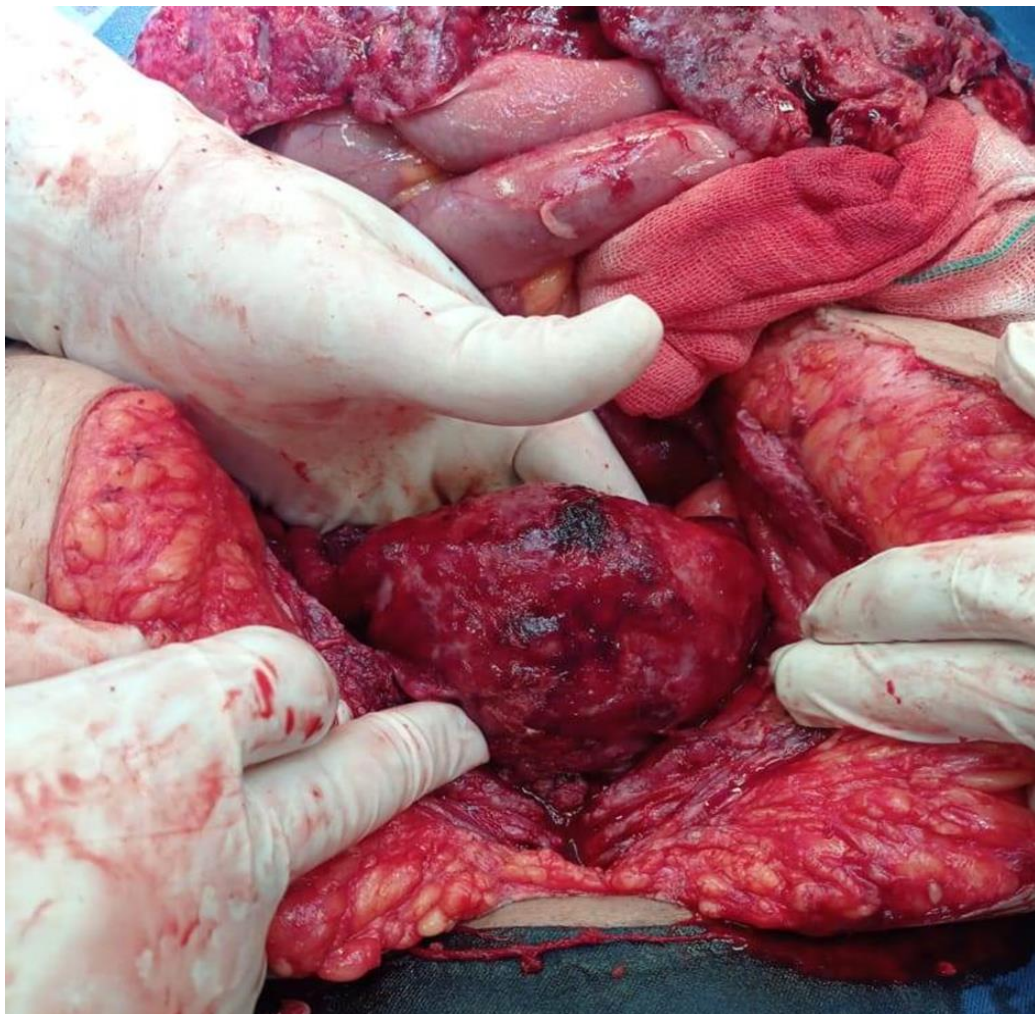
## Case presentation

A 35 years old woman who underwent Cesarean section 10 days ago with abdominal pain referred to surgery clinics. On examination we found fever, nausea and vomiting, illness, weakness, hypotension, and generalized tenderness and guarding, in past history she has had a Cesarean section 10 days ago that scar was clean. We admitted her and check laboratory data's and performed an Ultrasonography of Abdimino pelvic that shown necrosis and infection in uterine. After Hydration and correct fluid and electrolytes, we perform a Laparatomy for her, and we found this problem at first:



**Figure1: Generalized infarcted omentum**

After checking structure of abdomen we found an infectious uterine.



**Figure 2: Infectious uterine**

We washed a lot abdomen and pelvic but we decided to do hysterectomy. After surgery patient discharged successfully.

## Conclusion

The greater omentum is a large peritoneal fold that is continuous with the visceral peritoneal layers of the stomach and transverse colon. It contains fat and blood vessels and often serves to contain the spread of intraperitoneal infections [8]. Torsion of the omentum is the main reason for infarction and two different forms have been described: primary torsions (without other pathologic intra-abdominal findings) and secondary torsions (tumors, cysts, inflammatory changes, adhesions, hernias). Predisposing factors for torsion are anomalies of the omentum, such as a small root, irregular vascular anatomy, abdominal trauma, cough, and physical strain [6,7]. The etiology of omental infarction without torsion remains uncertain but several mechanisms have been proposed, such as an anomaly of venous vessels. Other possible causes for primary infarctions could be disorders of hemostasis or vascular diseases. It is known that hematologic changes occur during pregnancy and the Puerperium and that Hypercoagulability leads to an increased risk of Thromboembolic events [9-11]. Omental infarction is a rare cause of acute abdominal pain and can be diagnosed preoperatively on CT when a fatty mass is seen in the greater omentum. The disease occurs occasionally on the left side of the abdomen. Conservative management can be safely adopted in the absence of complications. Only in uncommon circumstances of unclear imaging findings or deterioration in the patient's conditions, a diagnostic laparoscopy as a minimal invasive approach may settle the diagnosis and can be extended to a therapeutic maneuver [12].

## Declarations

## Ethical Approval and Consent to participate

The content of this manuscript are in accordance with the declaration of Helsinki for Ethics. No committee approval was required. Oral and written consent to participate was granted by her husband.

## Consent for publication

“Written informed consent was obtained from the patient's legal guardian for publication of this case report and any accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal.”

## Availability of supporting data

It is available.

## Competing interests

The author declares that they have no competing financial interests and nothing to disclose.

## Funding Statement

There is no funding.

## Authors' contributions

Ahmad Reza Shahraki is the surgeon of patient and writes this paper. Reza Abaee collects data's and Elham Shahraki reviews paper.

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