

An Image of the Syndrome of Chilaiditi

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A 50 years old patient consulted in our unity for abdominal pain, in whom a abdominal CT-scan has been performed; in which we have found the classic chilaiditi syndrome. (Figure 1) This sign was first described in 1865 by Cantini who observed it on clin-

ical examination, but it was not until 1910, with the publication of a study reporting three cases, by Demetrius Chilaiditi, that it was consolidated as a radiological diagnosis [1].

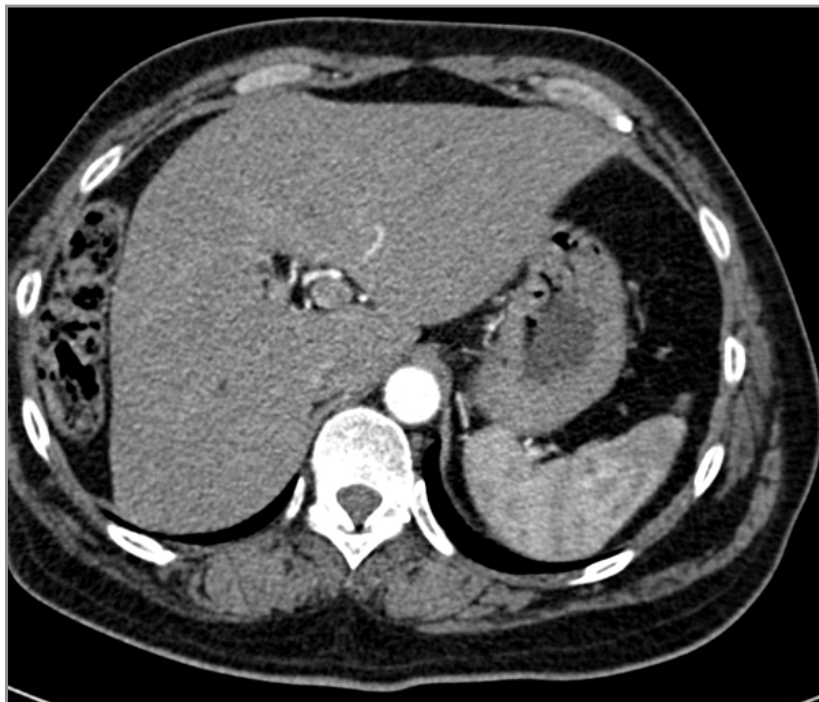


Figure 1: An abdominal Ct-scan in axial cutting, where we can see the classic chilaiditi syndrome.

Chilaiditi syndrome is defined as the interposition of the colon or the small intestine between the liver and the diaphragm in radiology [2].

The specific cause for this condition remains uncertain, but it is suspected to involve the abnormal positioning of the colon in the space between the liver and the diaphragm [3]. Potential contrib-

uting factors include ligamentous laxity and the elevation of the right diaphragmatic copula due to phrenic nerve paralysis, liver cirrhosis, or chronic obstructive pulmonary disease [3].

The differential diagnosis includes pneumoperitoneum, diaphragmatic hernia, intestinal pneumatosis, subphrenic abscess and hydatid cyst [3].

It is important to know about this syndrome in order to avoid the problem of differential diagnosis with pneumoperitoneum and to avoid unnecessary therapeutic procedures.

References

1. Barroso Jornet JM, Balaguer A, Escribano J, Pagone F, Domenech J, et al. (2003) Chilaiditi syndrome associated with transverse colon volvulus: first report in a paediatric patient and review of the literature. *Eur J Pediatr Surg* 13: 425-428.
2. Chen SY, Chen NF, Lu CS (2016) Chilaiditi syndrome. *QJM* 109: 625-626.
3. Omeed Moaven, Richard A Hodin (2012) Chilaiditi syndrome: Une entité rare avec des diagnostics différentiels importants. *Gastroenterol Hepatol* 8: 276-278.