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 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 lesser sac along with perigastric lymphadenopathy. Hemorrhagic ascites 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.

Visceral scalloping was found to be due to 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

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