### **Images for Surgeons**

# **Omental Thickening**

# Espessamento Omental

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A 60-year-old man was admitted to the emergency department with diffuse abdominal discomfort, associated with hematochezia and changes in intestinal rhythm. He underwent abdominal computed tomography (CT), which demonstrated moderate ascites with diffuse thickening of the transverse mesocolon (Fig. 1). He underwent surgery which revealed: "omental thickening" (Figs. 2 e 3). Omental thickening or caking is an important finding to indicate peritoneal pathology and should trigger an alarm when present with no attributable primary cause. CT scan, significant omental thickening with a large peritoneal mass and numerous implants were observed, in addition to extensive ascites.<sup>1</sup> The most common solid masses that affect the mesentery are metastases and lymphoma, which are much more

common than primary tumors. Metastases resulting from direct extension are most commonly those of pancreatic and gastric origin. In contrast, peritoneal and omental metastases ("carcinomatosis") most commonly arise from ovarian, gastric, colorectal, and pancreatic cancers and is often accompanied by the development of malignant ascites.<sup>2</sup> The histopathological examination demonstrated a larger omentum with an external surface with a lobulated appearance, yellowish-brown in color and an elastic-firm consistency. When cut, the surface has a grainy, yellowish appearance, with poorly defined and diffuse whitish areas. The immunohistochemical examination was conclusive for peritoneal infiltration of adenocarcinoma of colorectal origin (Fig. 4).

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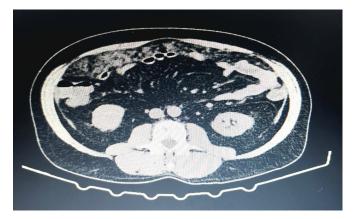


Figure 1 - Diffuse omental thickening in CT abdominal.



Figure 3 - Omental thickening of the transverse mesocolon with posterior view.

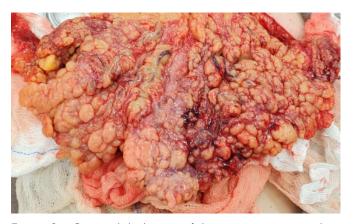


Figure 2 - Omental thickening of the transverse mesocolon, anterior face.

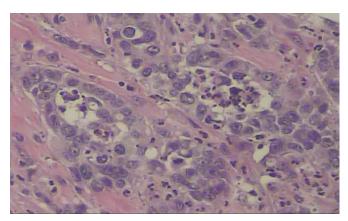


Figure 4 - Histopathological aspects with a grainy, yellowish surface, with poorly defined and diffuse whitish areas.

#### ETHICAL DISCLOSURES

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#### CONTRIBUTORSHIP STATEMENT

VJAS, TSF, PSACS, MSR and ISAAS: Contributed substantially to the conception and planning, preparation of the draft, critical revision of the content of the manuscript and approved the final version of the manuscript to be published.

# DECLARAÇÃO DE CONTRIBUIÇÃO

VJAS, TSF, PSACS, MSR e ISAAS: Contribuíram substancialmente para a concepção e planeamento, elaboração do rascunho, revisão crítica do conteúdo do manuscrito e aprovaram a versão final do manuscrito a ser publicada.

#### **REFERENCES**

- Navarro M, Elfanagely Y, Glotfelty J, Dapaah-Afriyie K. Omental caking: an ominous sign? R I Med J. 2021;104:20-1.
- Cornman-Homonoff J, Madoff DC. Image-guided biopsy of mesenteric, omental, and peritoneal disease. Digest Dis Interv. 2018; 2: 106-15 doi: 10.1055/s-0038-1660499