


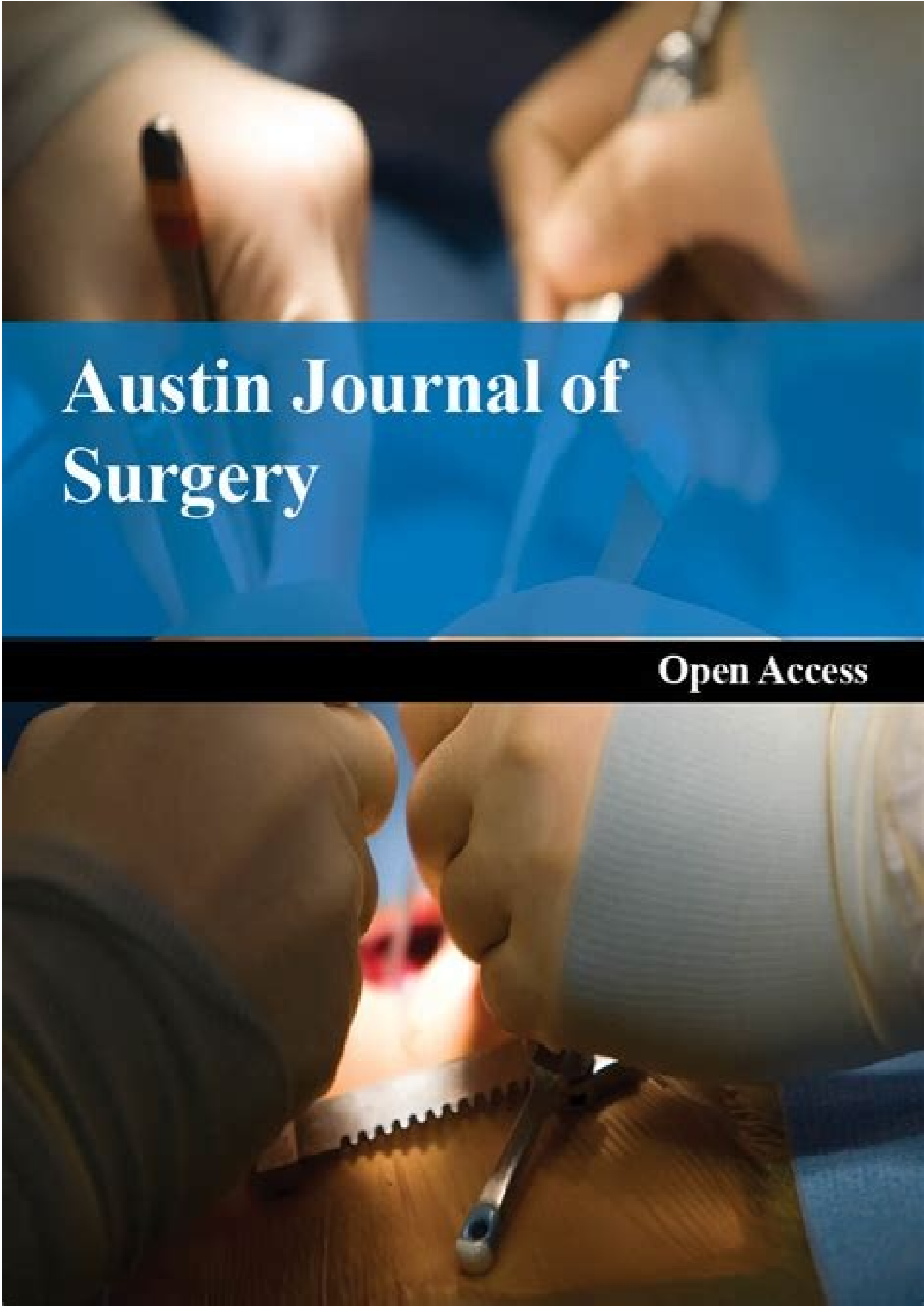
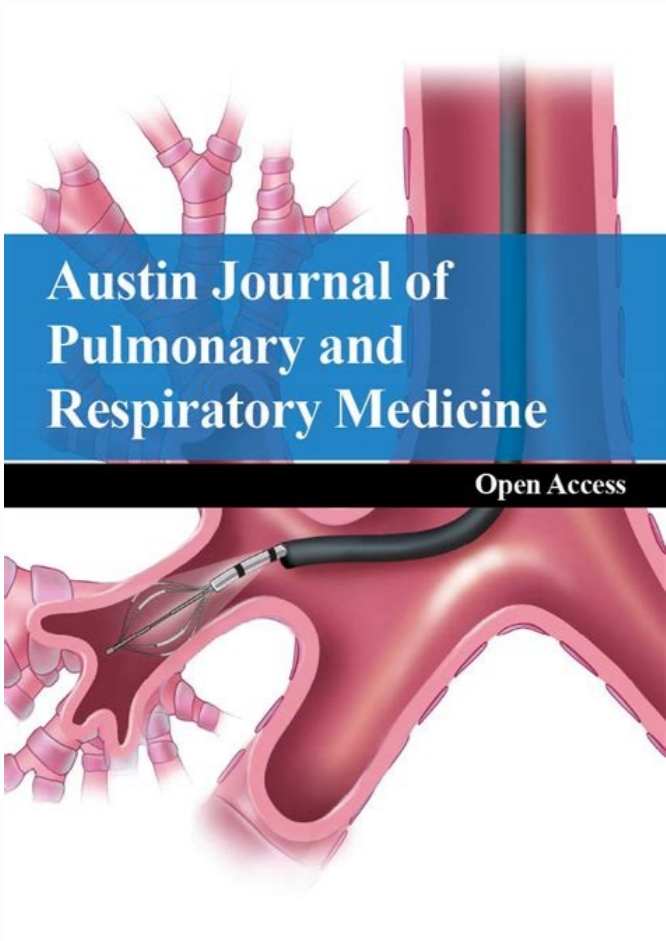
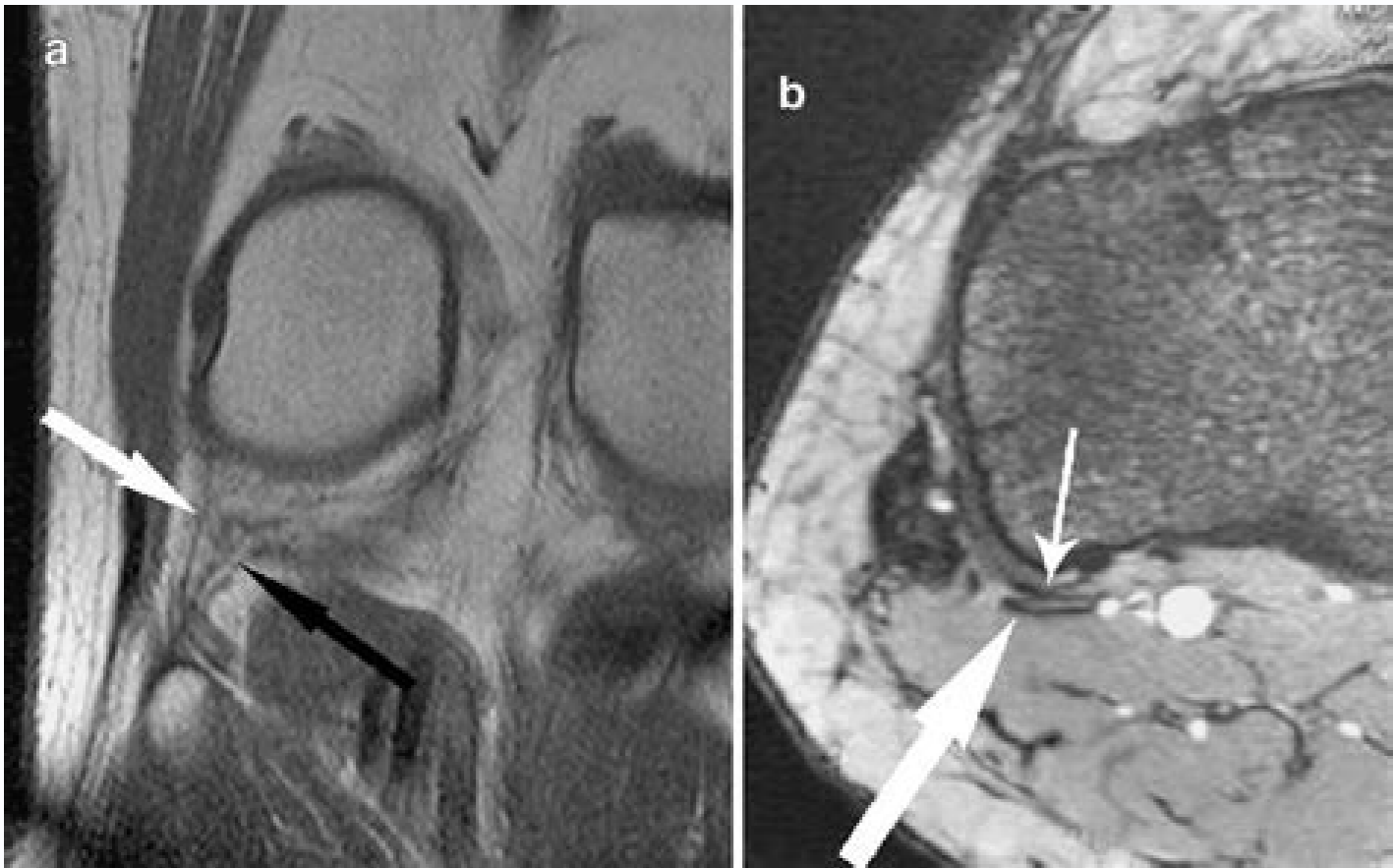
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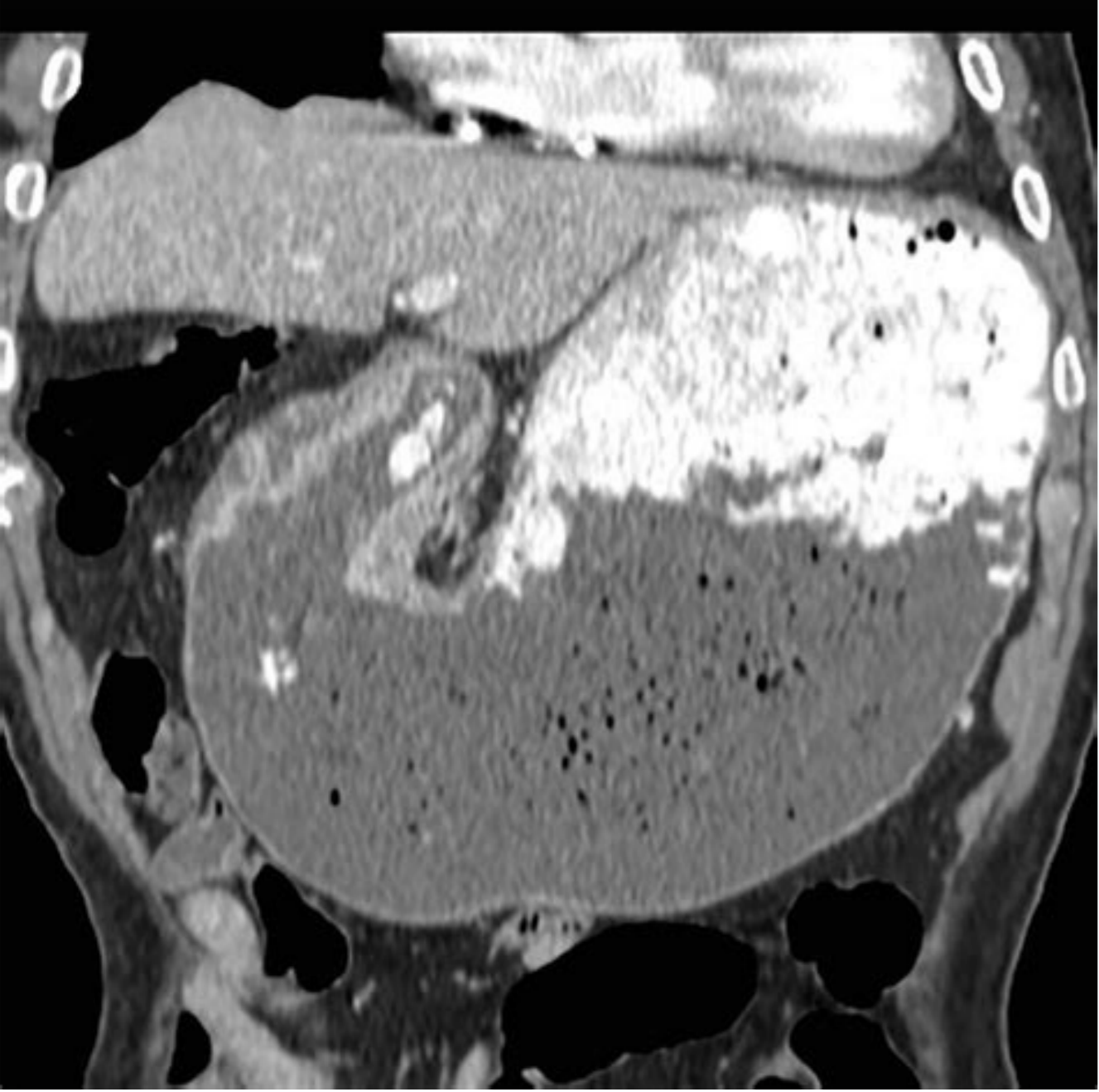
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Types of ligament tears. What is tear ligament. What scan shows torn ligaments. Can a ct scan detect torn ligaments.

It has no history of pancreatitis. The ligament is usually hit secondly by the surrounding inflammatory diseases. The solid organs and intra-abdominal gallbladder were also found to be normal. In contradiction for other cases in literature, only Pans et al. In our case, the results were also consistent with the literature data. Similarly, the patient's history of this study was not specific for a perfect preoperative medical pathology. However, the abdomen acute has been accompanied by a mass similar to intra-abdominal cancer in our case. In recent years, the number of patients in front of the necrosis of intraperitoneal fatty tissues including sickle cell ligament was increased parallel to development in the field of radiology. Necrosis due to an occlusion of arterial offer is a rare primary disease of sickle-cell ligament. Ying et al. The acute diagnosis can be well demonstrated both on the contrast of CT and magnetic resonance, and we recommend premature anticoagulation to allow recanalization. Conflicts of interest The authors declare that there are no conflicts of interest for the publication of this document. Copyright © 2017 h. Laboratory test The results showed a count of 17,000 / mm³ leukocytes. Exploratory laparotomy revealed a necrotic mass of sickle-cell ligament with 1000cc reactionary fluid into the abdomen. Clinically, svt in pancreatitis is becoming more common with the progress of imaging technology. Pain is not solved with regular Cocodamol 8/500 \hat{a} , ~ mg (2 tablets). Another pathology responsible for necrosis of sickle cell ligament has not been found. In the previous studies, the history of the patient and the history of the family were non-specific. This is an open access article distributed with the Creative Commons Attribution license, which Unlimited use, distribution and reproduction in any means, provided that the original work is correctly mentioned. However, the umbilical vein has been hypothesized to spontaneously recanal during the hypertension of the portal portal Serve as a hepatofugal, decompressant collateral [12]. Magnetic resonance has been noted the most sensitive imaging mode for PVT detection but its appearance once again depends on the thrombus age and the specific magnetic resonance sequence. The results of the laboratory test showed a count of the leukocytes of 17,000 / mm³ (4000 "10,000 / mm3). The physical examination suggested peritoneal irritation with a systolic blood pressure of 100/70 mmHg, pulse rate of 140 bpm and Body temperature of 38.5 \hat{A} ° C. Surgery is the only treatment of choice. The laparoscopic cholecystectomy was carried out without an incidence and the operating colangiogram did not reveal stones in the common bile duct (CBD). This was Supported by radiological and biochemical results (CT which described no evidence of cholecystitis and improvement of liver functions). Asking that the effects of pancreatitis in this patient there were thrombophlebitis that can be spread through the venous portal system in the Falcief Ligament that They subsequently lead to spontaneous recanalization and acute thrombosis. Current revision of previous studies and reported reports outlined both C T that magnetic resonance can be used for diagnosis. Preliminary diagnosis delayed the treatment of duodenal drilling or perforation of mesenchymal cancer. The thrombosis of the discussion umbilical vein in the adult population is a rare event. The air under the demonstrated diaphragm was of post-working radiography, one of the radiographic diagnostic tools and also radiographic diagnostic tools have demonstrated an intra-abdominal reactivation fluid together with a heterogeneous mass located in the sickle-cell ligament. In such patients, laparoscopy is another treatment option. This thrombosis resolves Spontaneously after the resolution of inflammatory disease. The history of the patient revealed abdominal pain for 24 hours with a growing gravity, as well as nausea and vomiting. The profile of Biochemista has shown Iperamylademia and unbalanced unbalanced liver test. Furthermore, the most recognized abnormalities of the Falciform Ligament are congenital diseases including derivation and partial defects of the ligament [4]. In our case, cysts of legamental falciforms, abscesses and tumors as diseases and even any coagulation disorders or batteries have not been discovered. These complications are also noticed to be more common in alcohol-induced pancreatitis, necrotization and chronic [6]. But only some cases of falciform ligament impairment have been reported [11]. The length of the Falciform Ligament can vary individually and contains the Teres ligam and the umbilical vein canceled. No other pathology responsible for the falciform ligament necrosis was not observed. The paragraph vein originates from the umbilical portion of the left portal vein in the falciform ligament and proceeds towards the navel and the periumbilical veins [13]. Venous drainage flows directly into the paragraph vein and in the vein of the portal, while lymphatic drainage flows directly into retroperitoneo [4]. The necrosis of the falciform ligament can probably develop, if the embolization of a so narrow artery or side venous collateral flow fails due to the thrombosis of the vein. Most of these patients are patient with female sex with an average age of over 60 years [7]. The diseases involving the Falciform Ligament are extremely rare and the recanalization of the umbilical vein has been described only in patients with portal hypertension [3]. The acute clot appears hypodense or isodense for adjacent hepatic structures on CT showing while high intensity signals are shown on T1 and T2 MRI sequences. However, his appearance on both imaging methods varies with the thrombus age. When the renal, pulmonary and digestive functions start working at birth, the umbilical vein collapses and remains like the ligament Falciforme.Pancreatite can potentially cause systemic and local complications. Various Reports [9 \hat{A} \hat{e} \hat{a} , ~ "11] Described the PVT below However the acute recanalization of the vein paramino is rare. The postoperative period was without accidents. This case shows a rare clinical presentation of the trumpet of falciform ligament as a consequence of acute pancreatitis calculated, in a patient with non-calibrotic liver. Presentation of the case: a 64-year-old female patient was admitted with pain complaints. Pancreatitis is an inflammatory process and is well documented to potentially cause venous and arterial vascular complications. In patients with acute abdomen, the decision of surgery was based mainly on results of clinical and physical examinations, as well as results of laboratory tests and the presence of a tumor, as confirmed by imaging studies [9]. Falciform ligament was reset. Abdominal ultrasound revealed cololithism without evidence of a common bile duct obstruction. In this setting, it is important to exclude the thrombosis of the sickly ligament as differential diagnosis in a patient with abdominal pain in progress despite adequate management of pancreatitis. Abdominal ultrasound and computerized tomography could provide important clues in the diagnosis of these patients. As for our knowledge, only ten cases with falcief ligament necrosis have been reported so far [6]. In accordance with these results, our patient was diagnosed the necrosis of primary falciform ligament. In conclusion, the necrosis of the falciform ligament is an extremely rare cause of the acute abdomen. Cololi, Enterococcus and Klebsiella Pneumonia in the patient's culture with the history of reparation of the prosthetic mesh [9, 10]. As for our knowledge, there were no cases reported in the literature. Cholangiopancreation magnetic resonance (MRCP) (Figure 2) has subsequently been performed that confirmed the Above and no billal stones have been identified. The histopathological examination of the surgical specimens revealed a necrosis of the falciform ligament of \hat{A} \hat{e} \hat{a} \hat{e} ~ \hat{a} \hat{e} ° cm with haemorrhagic bleeding Fibrin and massive polymorphonuclear infiltration (Figure 2). Imaging studies have demonstrated an intra-abdominal reactionary fluid along with a heterogeneous mass located in the sickle-cell ligament. Computerized tomography (CT) revealed a 3 cm attenuated structure which can be traced up to the left portal vein, which represents an acute thrombosis of the sickly ligament. Falciform ligament thrombosis is a rare complication and poorly described after the pancreatitis that doctors and radiologists should be aware of 1. Introduction The fegat's mathematical ligament is a fibrous residue of the umbilical vein canceled [1, 2]. Laparoscopy or laparotomy can be performed based on the preference and experience of the surgeon and the general condition of the patient. Concept of interest The authors declare that there is no conflict of interests regarding the publication of this document. Copyright © 2014 Ziya Taner OzkecAr \hat{A} \hat{e} et al. C. No pathology as in situ or distant cysts, abscess and tumor. Falciform ligament is one of the anatomical structures that attach the liver to the diaphragm and the front abdominal wall. Exploratory laparotomy revealed a necrotic mass of sickle cell ligament. Surgeons should take into consideration the necrosis of the Falciform Ligament as a preliminary diagnosis if any abnormality of the ligament, cancer, intralagaman air density or the presence of reactionary fluid that surrounds the ligament was detected through the abdominal imaging studies. Metà of patients did not have a defined preoperative diagnosis [8]. Coulier proposed that patients diagnosed with falciform ligament necrosis could be treated from a medical point of view after excluding other disorders with a detailed history [10], while most writers still advances at Surgery in patients with necrosis of sickle cell ligament. The diagnosis of the primary necrosis of the sickly ligament was based on the absence of coagulation disorder or or Necrosis of primary falciform ligament is often diagnosed during surgery. In this article, we present a case of a necrosis of the isolated sickle-shaped ligament, a rare primary pathology of the sickly ligament, which was admitted with acute abdomen. She is a non-smoker and consumes nine alcohol units a week. It also contains veins paragraphs. Coulier reported that contrasted abdominal abdominal computed tomography is the gold standard for diagnosis of intraperitoneal oily necrosis, as well as the follow-up of the disease [10]. On the basis of these results, the patient was immediately programmed for laparotomy with the preliminary diagnosis of secondary generalized peritonitis to duodenal ulcer perforation or for the perforation of mesenchymal cancer. The primary falciform ligament is very rare. Falciform ligament (umbilical vein residue) is an anatomical structure that connects the liver to the front abdominal wall. Computerized tomography (CT) scanning of its abdomen and its basin with the contrast (figure 1) was performed to confirm our diagnosis but instead revealed a subtle gallbladder, thread adjacent to pancreatic tail and a reduced attenuation structure At 3 cm, which thought representing an acute thrombosis of the umbilical vein. Later she had a laparoscopic cholecystectomy and made an irreversible recovery. However, there have been reported cases in which thrombolysis has proven to be effective only when the initial antitiquation therapy failed [10]. The TC scan of the abdomen and the pelvis with the contrast (figure 3) demonstrated the cholecystitis in progress with a rigidity of the mathematical ligament that solves. The patient was treated with TinZarino and subsequently anticoagulated. With time progressing, there is a loss of the weighted signal T2 Magnetic resonance [9, 14]. We are extrapolated treatment recommendations from cases [15 - 18] of PVT after pancreatitis and treat it with early antagonization therapy. D. A 55-year-old female with a a of colelithiasis was admitted to abdominal pain. A thrombophilia screen was subsequently performed and was normal. The umbilical vein is divided into two structures to the liver (Ductus Venosus and a branch that communicates with the hepatic portal vein). Intravenous antibiotics were immediately interrupted as a protocol as no Sepsis source was found by imaging. (A) (b) (a) (b) (a) (b) (a) (b) patient coagulation parameters (prothrombin time, partial thromombin time, international normalized ratio, platelets and fibrinogens) were normal from admission. It has been started on antibiotics intravenously empirically (amoxicillin 1 - g three times sometimes a day, metronidazole 500 mg three times a day, and gentamicin as per weight and renal function) to treat possible bile sepsis and / or necrotizing pancreatitis. The artery of the Falciform Ligament originated from the liver was reported in several cases in the literature [1]. Accidental isolated umbilical vein thrombosis in newborns occurred as a consequence following umbilical vein catheterization [4, 5]. Abdominal calculated tomography showed a mass injury from the gall bladder that extended to the advice region and surrounding the Falciform ligament without medium-opaque improvement (Figure 1). It is well established that the arterial supply of the sickleform ligament comes from a subtle branch of the package of the right hepatic artery, which is anastomosed to the superficial lower epigastric artery. The duodenum and other intestinal segments were normal. The operating tests of the liver had improved with Billrubin 20 \hat{A} \hat{e} ° UMOL / L, Alt 81 \hat{A} \hat{e} \hat{f} ur / l and amylase of 143 \hat{A} \hat{e} ° u / L. Seric chemistry tests and electrolyte measurements do not have Indicated no pathology relating to acute abdomen. There is no family history of bleeding disorders or [5] Reported an arterial diameter of the falciform ligament of \hat{A} \hat{e} \hat{a} , ~ \hat{a} \hat{e} ° mm. The review of the literature has revealed limited data on the Falciform Falciform Ligament Or gangrenous disease with a similar clinical presentation. Reported E. We describe an unusual case relating to falciform ligament thrombosis as an acute pancreatitis sequel .2. Houses presented the 55-year-old female presented with a history of a day of pain Colly in the area of the upper epigastric and right quadrant with associated vomiting. Limt et al. Bacterial cultures of blood and peritoneal fluid have not revealed any growth, which was consistent with previous cases. The most common pathologies include cysts, tumors and secondary abnormal vascularization to the hypertension of the portal [3]. Furthermore, the conditions relating to Falciform ligament are very rare. The patient was subsequently treated for pancreatitis calculated with fluid and intravenous therapy and analgesia. Saying days after admission, she had prexia episodes (Temperature 38.2 \hat{A} ° C) with high inflammatory indicators (C-reactive protein 255 mg / l and white Count / L) cell). It is one of the anatomical structures that attribute the liver to the remains of the umbelic veins. You also identified that the prevalence of SVT in pancreatitis in Europe reached 16.9%, which is the highest among the three continents compared (Europe, America and Asia) [8]. The causes of PVT can be classified mainly in local causes or procedural systemic states. We suspect that pancreatitis has caused the thrombophlebitis which subsequently leads to the recanalization and thrombosis of the umbilical vein. The particularity of this presentation of the case is based on the fact that the acute thrombosis of the mathematical ligament in a non-sucrophy liver with a venous patent portal system. I suspect this patient can have secondary thrombophlebitis with pancreatits rather than an infectious source. A recent meta-analysis analysis has shown that 13.6% of pancreatitis had SVT, 6.2% had Of the vein of the portal (PVT), 11.2% had splv (SPLVT) thrombosis, and 2.7% had thrombosis of the mesenteric vein (MVT). (MVT). There are only a few cases related to the primary disease of Falciform ligament in literature [2]. Laparoscopy or laparotomy is indicated when diagnosis is not clear or when there is no improvement in conservative measures. There have been no evidence that suggest that initial thrombolysis should be given by preference to anticoagulation for the patient with PVT and anticoagulation did not increase the risk of bleeding. In several cases, a bile duct can be located inside the ligament. Studies have declared that venous thrombosis after pancreatitis is frequent and typically manifests itself as thrombosis of the unfortunate vein (SVT), which mainly involves the splenic vein (SPId) [7]. The vein and umbilical artery play a vital role during fetal growth. We agree with other studies [10, 11] and we recommend that anticoagulant therapy should only be given for six months and continued only if a thrombophilia underlying has been identified in umbilical thrombosis of the vein. Conclusion Conclusion, the thrombosis of the Falciform ligament is a rare and poorly differentiated complication after the pancreatits that is aware of both the doctors and radiologists. We believe that the necrosis of the falecium ligament should be considered a preliminary diagnosis, if any abnormality of the ligament, cancer, intraladal air density or the presence of reactionary fluid surrounding the ligament is detected through abdominal imaging studies.1. Introduction Falciform Ligament, located on the left of the median line of the abdomen, crosses the front wall of the abdomen and diaphragm. In this document, we present a case that undermines an urgent surgery due to the acute abdomen, which was secondary to the necrosis of the primary falciform ligament, in light of the data of literature.2. Case Report 64 years. 1L Female was admitted with pain complaints in the upper right quadrant and in the epigastric region. She was treated with Tinzaparin 12000 units (dose of treatment) and was it was House after a week with Warfarin (Target INR of 2.0 \hat{A} , ~ "3.0) For a period of destination of 6 months and hormonal spare therapy interrupted. Months months after his admission of the hospital, he had a second episode of pancreatits (Iperamylasemia of 1819 \hat{A} \hat{e} u / l). A patient was discharged the seventh postoperative day and even after the 18-month follow-up, no complaints were detected. Discussionalthough, the anatomical structure and variations of the Falciform Ligament They are definitely defined, the associated conditions of the Falciform ligament remain to be clarified. An MRCP scan (Figure 4) has been carried out 8 weeks after the procedure and has not revealed stones or residents of the biliary duct and a complete resolution of the trumpet of sickle-cell ligament . (A) (b) (a) (b) (a) (b) (a) (b) 3. also the largest uses of diagnostic laparoscopy in acute abdomen also collected many of these cases. Furthermore, ca19- 9, CEA, CA-125 and Biomarkers Tumor Ali AFP were normal. The abdominal examination revealed the tenderness of the point in the upper right quadrant, no organomegaly or peritonism. The dividers laboratory surveys have revealed evidence of unbalanced liver: alanine aminatransferase (ALT) (275 \hat{A} \hat{e} ur / l), bilirubin (54 \hat{A} \hat{e} \hat{f} umol / l), hypermylasemia (1900 u / l), normal phosphatase Alkaline (80 \hat{A} , ~ U / L), normal C-reactive protein (

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