

\$ EGRPLQDO & RFRRQ ± \$ 5DUH & RPSOLFDFWLRQ

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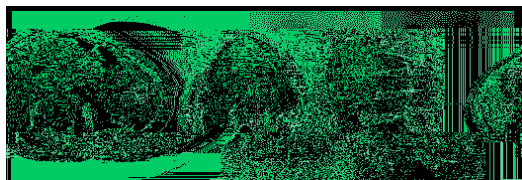
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CT features (Figure 2a-2c) include clustering of partial to whole small bowel in mid-abdomen with agglutination and encasement by a membrane of variable thickness [11,12]. Other features include signs of obstruction, angulations of intestinal loops representing interloop adhesions, bowel mural thickening interloop or free ascites, peritoneal thickening and enhancement, peritoneal or bowel mural calcifications and reactive adenopathy [4]. The cluster of bowel loop may be apparently adherent to the anterior abdominal wall. Delineating extent of encapsulation especially on the posterior aspect is decisive in determining the need of surgical intervention making CT abdomen, the investigation of choice in suspected cases of abdominal cocoon.



**Figure 2a-c:** Axial CECT images of the abdomen shows abdominal cocoon in the mid-abdomen with signs of proximal gastrointestinal dilatation, interloop fluid and mesenteric adenopathy.

**MRI features:** Though a search of medical literature has not revealed description of MRI findings in cases of abdominal cocoon. But in our experience, the findings parallel those that seen on computed tomography. Though computed tomography is usually preferred over magnetic resonance imaging in the evaluation of abdominal cocoon yet the latter may be a preferred technique in patients with contraindication to CT contrast agents (Figure 3a-3c).



**Figure 3a-c:** Axial T2W and FS-T2W and Coronal FS-T2W MR images of the abdomen shows abdominal cocoon in the mid-abdomen similar to that seen on CT images.

Prior to CT/MRI, the correct diagnosis was usually made at surgery [5,6]. The characteristic feature noted in these cases is the absence of