Perforation in pictures

A 35-year-old woman presented with a 4-day history of sudden onset right-sided back pain radiating to the right flank and central abdomen. This was associated with nausea and relieved by lying still. The patient had a long history of back pain and had been self-medicating with non-steroidal anti-inflammatory drugs (NSAIDs). On examination, she was haemodynamically stable with tenderness and guarding over the epigastrium and right upper quadrant. A chest radiograph revealed free subdiaphragmatic air. (*Figure 1*).

Dr Ne Siang Chew *is Radiology Registrar and* **Dr Yasmin Pasha** *is Specialist Registrar in Gastroenterology and* **Dr Maya Al-memar** *is Surgical Foundation Year 1 trainee in General Surgery, Chelsea and Westminster Hospital, London SW10 9NH*

Correspondence to: Dr Y Pasha

An abdominal computed tomogram (CT) scan (*Figure 2*) demonstrated an anterior duodenal ulcer in direct communication with free intra-peritoneal air and fluid. She was initially managed with intravenous antibiotics and proton-pump inhibitors. A laparotomy was performed and the perforated duodenal ulcer repaired with an omental patch. The patient made a good recovery and was discharged 3 days postoperatively with *Helicobacter pylori* eradication therapy and advised to stop NSAID use.

Although eroding duodenal ulcers are commonly implicated as a cause of perforation, it is rarely visualized on CT. This case is unique in demonstrating free air on both plain films and CT. **BJHM**

Figure 1. Erect chest radiograph.

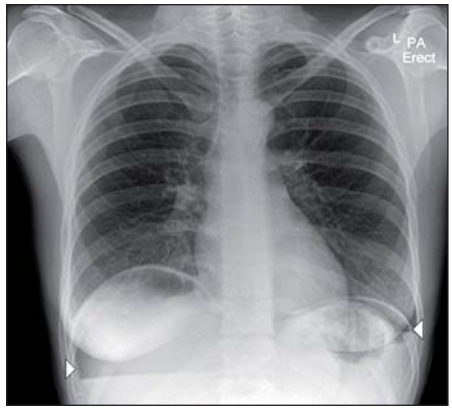

Figure 2. Free air appearances on computed tomogram.