

An unusual cause of recurrent abdominal pain: wandering liver and intestinal malrotation

A 46-year-old woman presented to the emergency department having experienced abdominal discomfort and pain for the last 2 hours. She had no history of chronic disease or abdominal surgery. Physical examination revealed abdominal tenderness in the right upper quadrant. Laboratory test results were unremarkable, and an abdominal X-ray was obtained that showed distended bowel segments with air–fluid levels in the right upper quadrant (**Figure 1**). Contrast-enhanced abdominal computed tomography revealed distended and malposed bowel segments to the right upper quadrant, malposed liver to the midline of the abdomen, and a stretched appearance of the coronary ligament compatible with the wandering liver (**Figure 2**). The patient’s symptoms regressed with symptomatic treatment and she was discharged.

A wandering liver is a rare congenital anomaly in which the liver migrates from its normal anatomical position to the midline of the abdomen, and patients may present with recurrent abdominal pain (Parolini and Alberti, 2017). This abnormality can cause complications during abdominal surgery because of the abnormal anatomical location of the liver, gallbladder and pancreas, so it is essential to be aware of this rare condition.

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Reference

Parolini F, Alberti D. Wandering liver. *Surgery*. 2017;161(4):1174–1175. <https://doi.org/10.1016/j.surg.2016.01.021>

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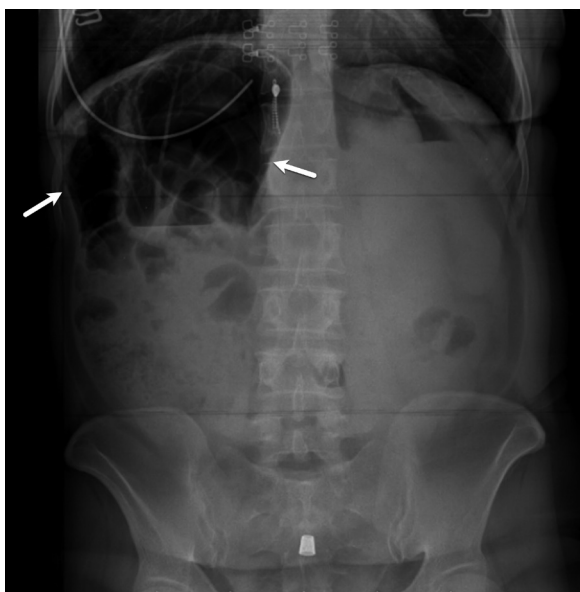


Figure 1. Posteroanterior erect abdominal radiography showing distended colon segments with air–fluid levels in the right upper quadrant (arrows).

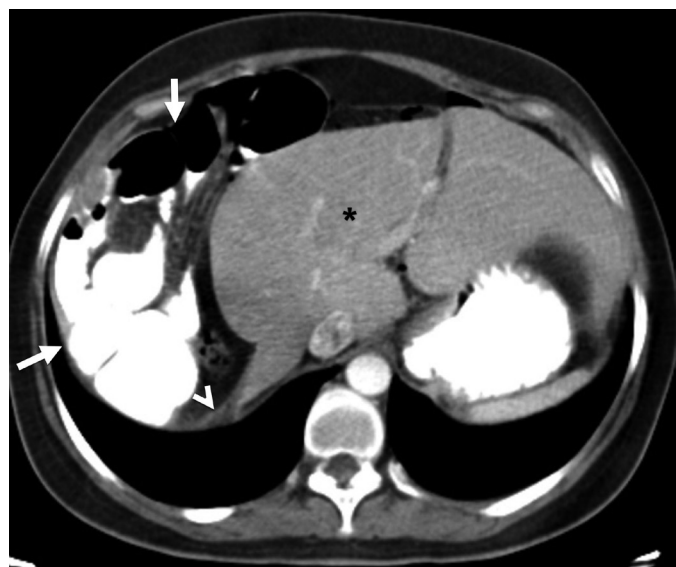


Figure 2. Axial abdominal computed tomography image showing distended and malposed colon segments to the right upper quadrant (arrows), and the midline located liver (*). Note the stretched appearance of the coronary ligament (arrowhead).