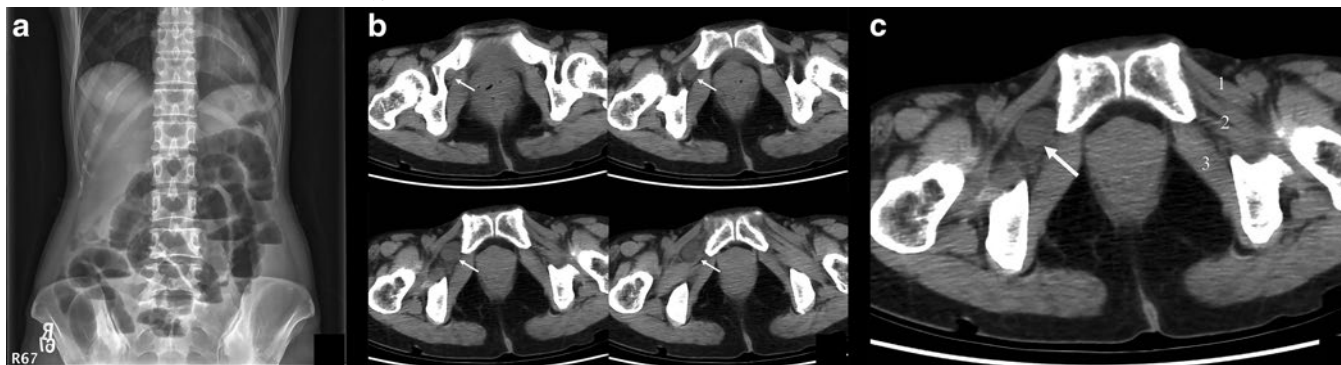


Images of the Month

Small-Bowel Obstruction Due to Obturator Hernia

Kao-Lang Liu¹, I-Lun Shih¹ and Chin-Chen Chang¹

Am J Gastroenterol 2016;111:453; doi:10.1038/ajg.2015.310



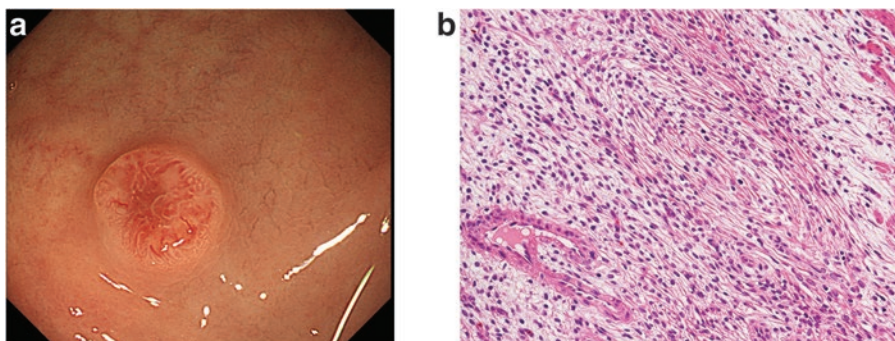
A 48-year-old woman with no history of abdominal surgery had lower abdominal pain without fever or peritoneal signs. The standing plain abdominal radiograph revealed ileus (**a**). Treatment with metoclopramide and bisacodyl with nil per os was unsuccessful. Computed tomography showed a small-bowel obstruction due to focal incarceration of the small bowel between the right obturator externus and pectineus muscles (arrows, **b**). Weakness of the right obturator externus muscle was noted (**c**; 1, pectineus; 2, obturator externus; 3, obturator internus). Awareness of this diagnosis may help in detecting the physical Howship–Romberg sign, leading to early diagnosis and management.

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Gastric Perineurioma

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Gastrointestinal endoscopy performed in a 51-year-old woman for screening purposes revealed a small, elevated lesion with a reddish depression at the fornix (**a**). Endoscopic mucosal resection was performed. Histology showed proliferation of band spindle cells with ovoid to elongated nuclei and indistinct cytoplasm. Note the tendency for the tumor cells to be located around vessels in whorls of striking appearance (**b**). Immunohistochemical staining revealed that the spindle cells were positive for GLUT-1 and claudin-1, but the cells were negative for membrane antigen (EMA), S-100 protein, CD117, CD34, and smooth muscle actin. Therefore, this lesion was diagnosed as a gastric perineurioma.

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