Radiologic Intra-abdominal Opacity Indicating an Injection Granuloma

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An 83-year-old woman presented with diarrhea and vomiting after dining. She had a past history of poorly-controlled diabetes mellitus (DM) and bilateral knee osteoarthritis lasting for decades. Physical examinations revealed several skin-fixed, hard nodules upon palpation of her upper buttocks, without erythema. An abdominal plain film revealed crops of different-sized areas of radio-opacity over the bilateral lower abdominal region (Picture a, arrow). Abdominal sonography did not detect any fecalith in the corresponding areas. Soft tissue echo identified multiple calcified masses in the buttock subcutis (Picture b, c). The patient admitted that she had frequently received “intramuscular” analgesics for osteoarthritis at local clinics over several years. An injection granuloma was diagnosed, and the patient was discharged after her gastroenteritis improved.

Injection granulomata are inflammatory pseudotumors that form predominantly after the “intramuscular” (actually “subcutaneous”) administration of medications (with the buttocks being the most common site) (1). Women are particularly at risk due to having relatively thicker gluteal fat pads. Our patient’s gender and a history of DM may have predisposed her to complications due to her anatomy (fat thickness) and local circulation insufficiency (DM) (2).

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References