of lower density, reflecting edema [2,4,6]. Pericolonic inflammation may be demonstrated by increased attenuation of the adjacent fat and thickening of fascial planes [4]. Pneumatosis (intramural air) of the cecum, indicating necrosis, occurs rarely and carries a poor prognosis [2,4].

Regarding treatment, prompt aggressive medical support with high doses of antibiotics and intravenous fluids are more effective in lowering morbidity and mortality than is surgical resection of necrotic bowel [4]. The response to treatment can be monitored by CT. A decrease in bowel wall thickening and resolution of pericolonic inflammation reflect a favorable response to medical treatment. On the other hand, the development of intramural air, indicating necrosis with the need for surgery, reflects a poor response to the treatment [4]. Thus, CT is a non-invasive technique that can be useful in deciding whether a patient should be managed conservatively or surgically [3]. Laparotomy and bowel resection are best avoided, unless gross perforation has occurred [3].

The recognition on CT of a transmural inflammatory process in the bowel in the appropriate clinical setting is highly suggestive of typhilitis. Other disorders showing bowel wall thickening on CT may however simulate typhilitis and should be included in the differential diagnosis. These include leukemic infiltration of the bowel, intramural hemorrhage, ischemic colitis, segmental pseudomembranous colitis, and appendicitis [3].

References

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Intratesticular Varicocele: Diagnosis by Power Doppler Sonography with the Valsalva Maneuver

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A 52 year old man who underwent bilateral orchiopexy at the age of 10 for cryptorchidism, and who had undergone a right inguinal orchiectomy for classical seminoma 2 years ago, was found to have a lesion suspicious for malignancy in the remaining testis on routine ultrasound follow-up. The patient was asymptomatic and no mass was detected on palpation. His metastatic workup was negative. The lesion appeared as a round hypoechoic mass in the lower pole of the testis in the area of the mediastinum testis [Figure A]. Smaller, irregular hypoechoic lesions were also seen in the periphery of the testis adjacent to the main lesion. Power Doppler examination, however, demonstrated that the lesions were vascular [Figure B], and on Valsalva’s maneuver there was marked increased blood flow in all the hypoechoic areas [Figure C]. The findings were consistent with a diagnosis of intratesticular varicocele.

No extratesticular varicocele was seen on sonography.

Intratesticular varicocele is a rare condition seen in less than 2% of the symptomatic population [1,2]. Fewer than 50% of cases are associated with an ipsilateral extratesticular varicocele [2]. Most cases are either asymptomatic or associated with a history of orchitis, infertility or testicular swelling and pain. The classical appearance is of tubular or oval intratesticular lesions with flow demonstrated on Doppler sonography [2]. Given a 2–3% risk of a metachronous contralateral testicular tumor, a hypoechoic lesion is highly suspicious of a neoplasm [3]. However, enhancement of the lesion during the Valsalva maneuver is diagnostic and sufficiently specific to differentiate the
condition from other intratesticular entities, including cancer, cysts, focal orchitis, tubular ectasia of the rete testis and hematoma.

**References**


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**Capsule**

**New class of HIV drugs shows promise**

Data presented at the European Conference on Clinical Aspects and Treatment of HIV Infection recently held in Athens holds promise that medications being developed to combat multidrug-resistant HIV are nearing the market. The most recent analyses show that around 25% of patients undergoing anti-retroviral therapy have developed multidrug-resistant HIV, and that the overall prevalence of resistance is growing.

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**Capsule**

**Influenza A virus mitochondrial protein that induces cell death**

While searching for alternative reading-frame peptides encoded by influenza A virus that are recognized by CD8+ T cells, Chen et al. found an abundant immunogenic peptide encoded by the +1 reading frame of PB1. This peptide derives from a novel conserved 87-residue protein, PB1-F2, which has several unusual features compared with other influenza gene products in addition to its mode of translation. These include its absence from some animal (particularly swine) influenza virus isolates, variable expression in individual infected cells, rapid proteasome-dependent degradation, and mitochondrial localization. Exposure of cells to a synthetic version of PB1-F2 induces apoptosis, and influenza viruses with targeted mutations that interfere with PB1-F2 expression induce less extensive apoptosis in human monocytic cells than those with intact PB1-F2. The researchers propose that PB1-F2 functions to kill host immune cells responding to influenza virus infection.

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