INTRODUCTION

The image of the ileocecal junction, including the valve, is often identified following a barium enema, in small bowel studies, and in CT imaging of the lower abdomen. The ileocecal junction is of special interest, as it is the focal point for several pathological processes (1). The ileocecal region may be involved in, or may be part of, a malignancy or an inflammation (2). Small-bowel enema is the most satisfactory method to demonstrate early mucosal changes, minimal obstructive lesions, and extent of disease processes in the small bowel (2). Barium imaging studies primarily focus on the lumen of the gut, but also may help identify damage to the submucosa of the gastrointestinal tract. Pathology affecting the gut wall may be inferred from imaging studies of the lumen. The angle imaged between the terminal ileum and either the cecum or ascending colon increases during diseases, such as Crohn’s disease, lymphoma of the ileum, and...
ileal carcinoma, as a direct consequence of the increasing wall thickness of the gut.

The aim of this study is to draw attention to the significance of the angle imaged at the ileo-cecal/ascending colon junction.

**DISCUSSION**

The terminal ileum is the most common site in the small bowel to be affected by pathological processes (1). The increasing angle between the terminal ileum and the cecum or ascending colon is due to a thickening of the intestinal wall during disease. Deformities of the cecum and ascending colon are not uncommon with disease involvement of the terminal ileum (4). From the cases described it can be concluded that as the angle imaged between the terminal ileum and the cecum or ascending colon approaches 90 degrees, a transmural disease is highly likely. We noted that the measurement of this well-known angle often is reflective of a diseased state of the ileal wall and thus may be an alert to the physician of an infiltrative process in the small bowel.

**References**