A 48-year-old woman came to our Emergency Department complaining of diffuse abdominal pain accompanied by nausea and vomiting over the course of the previous 4 days. Physical examination revealed a left inguinal non-reducible hernia and abdominal pain in the hypogastrium. Work-up showed leukocytosis and elevated CRP. On abdominal CT, a heterogeneous mass was observed in the hypogastrium that measured 16 cm × 13 cm with a spiraling vascular disposition and left inguinal herniation (Figs. 1 and 2). Midline laparotomy revealed omental torsion with extensive infarction secondary to a left inguinal hernia (Figs. 3 and 4), and omentectomy and hernia repair were performed.

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