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Chilaiditi syndrome as incidental finding in a patient with abdominal pain

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Personal Background: Male, 34 years. No drug allergy. No medical history of interest.
Current Illness: Attend abdominal pain in epigastric region since last night. The pain has intensified in the last hour. It has had a self-limited episode of vomiting. The pain does not radiate. No tightness or chest pain.
Physical examination: good overall condition. Afebrile. Normal auscultation. Globular abdomen, painful on palpation widely. More tenderness in the right upper quadrant is appreciated. Voluntary defense.
Investigations: Electrocardiogram sinus rhythm without alterations. Blood tests highlight leukocytosis 15470. Hepatic profile, creatinine and normal Reactive Protein C. Rx abdomen air content shown in the right diaphragmatic region.
Evolution: analgesia is administered after which the patient is improved, abdominal examination being similar to his arrival in the emergency department. After assessing complementary tests are contacted radiology values a possible syndrome Chilaiditi radiograph abdomen. Because the patient does not improve with intravenous analgesia was performed abdominal ultrasound: irregularly thickened gallbladder wall adenomyosis with stones inside. No other significant findings. Is given new intravenous analgesia with pain relief. New abdomen examination is performed and this soft and palpable without tenderness, being able to discharge the patient home monitoring.
Conclusion: Patients with this syndrome have a higher chance of having a bowel volvulus, so you have to think about this if the patient has an acute abdomen. It is important to explain to the patient the possible consequences of this syndrome and to your family doctor knows that the patient presents.