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A Case Report of Recurrent Acute Appendicitis

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ÖZET

Bir olguda rekürren appandisit

Güdük apandisiti apendektominin çok nadir görülen gecikmiş bir komplikasyonudur ve ilk defa Rose tarafından 1945 yılında 2 vaka ile tanımlanmıştır. Bu çalışmada daha önce apendektomi olan bir hastada rekürren apandisit olgusundan bahsediyoruz. 21 yaşında bayan hasta 3 gündür olan karın ağrısı şikayeti ile acil servise başvurdu. Fizik muayenesinde sağ alt kadranda ağrı, defans ve rebound mevcuttu. Abdominal ultrasonografide inflame tübüler, komprese olmayan, peristaltizmi olmayan, kör sonlanan 1.5 cm uzunluğunda bir yapı görüldü. Hastaya güdük apendektomi yapıldı. Patoloji sonucu inflamatuar değişiklikler geldi. Güdük apandisit çok nadir görülen ve sağ alt kadran ağrılarında hatta sağ üst kadran ağrılarında ayırıcı tanıda yer alması gereken bir patolojidir. Güvenli bir tanı ve tedavi için daha önce apendektomi hikayesi olanlar da dahil mutlaka ayırıcı da güdük apandisit yer almalıdır.

Anahtar kelimeler: Akut apandisit, güdük apandisit, güdük

ABSTRACT

A case report of recurrent acute appendicitis

Stump appendicitis is one of the rare delayed complications of appendectomy first described in 2 patients by Rose in 1945. In this study, we report a case of recurrent appendicitis after previous appendectomy. 21 year old female represented to emergency clinic with a 3 day history of abdominal pain. Her physical examination revealed right lower quadrant pain, defance and rebound at right lower quadrant. Her abdominal ultrasonography revealed an inflamed tubular, non compressible, non peristalting, blind ended, 1.5 cm in length structure at right lower quadrant. We performed stump appendicectomy and the pathology revealed acute inflammatory changes. Stump appendicitis is a real entity and should be taken into considerations in the differential diagnosis of right lower quadrant abdominal pain, and even in patients with previous appendectomy or abdominal surgery with incidental appendectomy. High degree of suspicion can help to make a correct diagnosis and a safe treatment.

Key words: Acute appendicitis, recurrent appendicitis, stump

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INTRODUCTION

Appendicitis is the most common cause of acute abdomen. With a general life time risk of 7-8%, the appendectomy accounts for one of the most common operations in general surgery (1). Postoperative complications after appendectomy include wound infection, intra-abdominal abscess, retrocecal abscess, intestinal perforation with peritonitis, bleeding and adhesions (2). Stump appendicitis (SA) is one of the rare delayed complications of appendectomy first described in 2 patients by Rose in 1945 (3). Stump appendicitis is caused by infection of the residual portion of the appendix left in place. The clinical presentation of SA does not differ from that of acute appendicitis. Although unusual, it must be included in the differential diagnosis of right lower quadrant pain in patients who already underwent appendectomy (4). The incidence of stump appendicitis is about 1 in 50 000 cases even though the real incidence is probably higher due to underestimating of this entity

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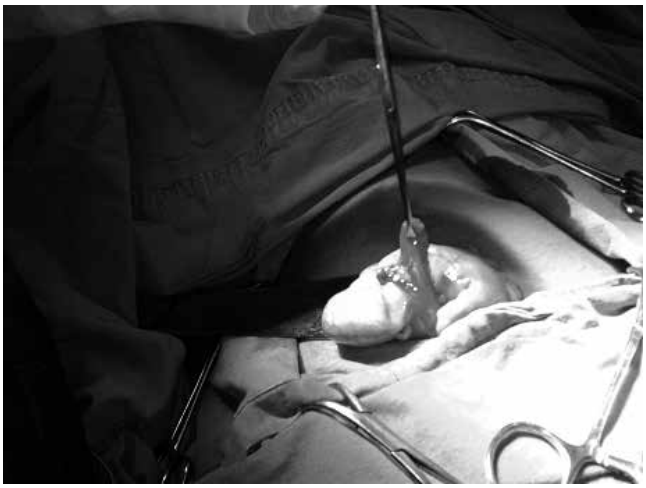

Figure 1: Stump appendicitis

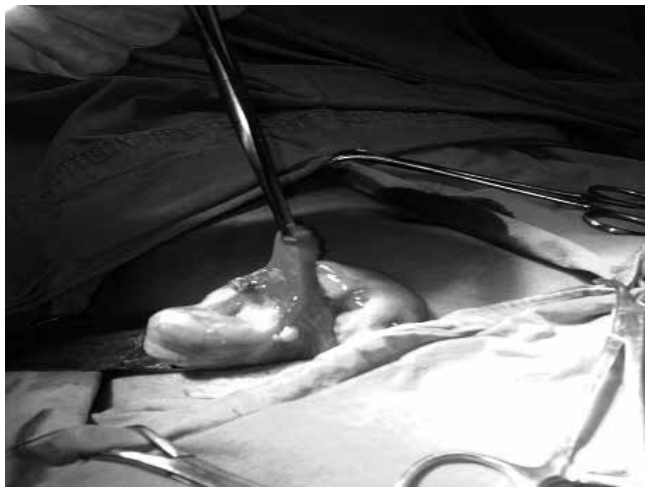

Figure 2: Stump appendicitis

(5,6). In this study, we report a case of recurrent appendicitis after previous appendectomy.

CASE REPORT

We report the case of a 21 year old female who admitted to our emergency clinic with the onset of abdominal pain occurring for about 3 days. Her physical examination revealed right lower quadrant pain, defense and rebound at right lower quadrant. White blood cell count was 11000 cells/mm3. Urinalysis was normal. She had a history of previous appendicectomy 4 years ago. Her abdominal ultrasonography showed that an inflamed tubular, non compressible, non peristalting, blind ended, 1.5 cm in length structure at right lower quadrant. Laparotomy revealed from the site of previous appendicectomy incision scar, at the junction of terminal ileum and cecum, there was a 1.5 cm in length tubular, inflamed structure detected (Figure 1, 2). We performed stump appendicectomy and the pathology revealed an acute inflammatory changes. The patient made an uneventfull recovery and was discharged home 2 days postoperatively.

DISCUSSION

Stump appendicitis is the re-inflammation of the residual appendiceal tissue after an appendectomy that can occur after months to years after the original operation (7-9). Stump viscera caused by an incomplete operation can present the same symptoms as before the first operation. It represents a rare delayed complication of appendectomy which is unknown by most clinicians (4,7-11). Its frequency is under-estimated and under-reported (4,10,11,12). It has been described predominantly in case reports.

Some factors have been suggested for the development of this condition. Inadequate visualization of the appendiceal-cecal junction can lead to longer stump length, a proposed risk factor for developing this condition (4,7-16). Our patient had a relatively long stump. Appropriate operative technique at appendectomy is required to minimize this risk. Clinically, patients present with signs and symptoms similar to appendicitis or acute abdomen (6). The presence of an appendectomy scar does not absolutely rule out the possibility of stump appendicitis. Symptoms may be minimal at initial presentation, but ultrasonography and CT are diagnostic modalities that can assist the physician in making the preoperative diagnosis. Physician should keep in mind a possible incomplete appendiceal resection to prevent delayed diagnosis and treatment. Treatment is based on complete removal of the appendix (8,12). Stump appendicitis is infrequently included in the differential diagnosis for recurrent abdominal pain following appendectomy, and diagnosis may be delayed.

In conclusion, stump appendicitis is a real entity and should be taken into considerations in the differential diagnosis of right lower quadrant abdominal pain, and even of right upper quadrant abdominal pain in spite of previous appendectomy or abdominal surgery with incidental appendectomy. High degree of suspicion can help to make a correct diagnosis and a safe treatment.

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