VOLUME - 14, ISSUE - 04, APRIL - 2025 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

General Surgery

UNMASKING APPENDICITIS FROM A HIDDEN EXIT AS FISTULA

Dr. Sarathbabu B Assistant Professor, Department Of General Surgery, Chettinad Institute Of Medical Sciences

Dr. Manoj Kumar J* Senior Resident, Department Of General Surgery, Chettinad Institute Of Medical Sciences *Corresponding Author

ABSTRACT **Background:** Appendicitis typically presents with acute abdominal pain and requires timely surgical intervention. However, in rare cases, a delayed or subclinical inflammatory process can lead to atypical presentations such as fistula formation. Appendico-cutaneous fistulas are exceedingly rare and often pose a diagnostic challenge. **Case Presentation:** We report a case of a 60 years old female who presented with a persistent discharging sinus over the right flank region. There was no preceding history of acute abdominal pain. Imaging studies revealed a fistulous tract originating from the appendix. Surgical exploration confirmed a chronically inflamed appendix adherent to the abdominal wall, with a fistulous communication to the skin. An appendectomy with excision of the fistulous tract was performed. The patient had an uneventful postoperative recovery. **Conclusion:** This case highlights the importance of considering atypical presentations of appendicitis in patients with unexplained cutaneous fistulas in the right lower quadrant. Early recognition and appropriate surgical management are essential to prevent further complications.

KEYWORDS : abdominal wall fistula, atypical presentations, chronic appendicitis

INTRODUCTION

Appendicitis is one of the most common surgical emergencies, typically presenting with acute onset right lower quadrant abdominal pain, nausea, vomiting, and fever. When diagnosed promptly, appendicitis is easily treated with surgical removal of the appendix. However, in rare instances, especially in cases of subclinical or chronic inflammation, the typical presentation may be absent, leading to delayed diagnosis and unusual complications.

One such rare complication is the formation of an appendico-cutaneous fistula—a pathological communication between the appendix and the skin, often manifesting as a persistent discharging sinus on the abdominal wall. This atypical presentation may be misdiagnosed or attributed to other conditions such as tuberculosis, Crohn's disease, or infected sebaceous cysts, especially in endemic regions.

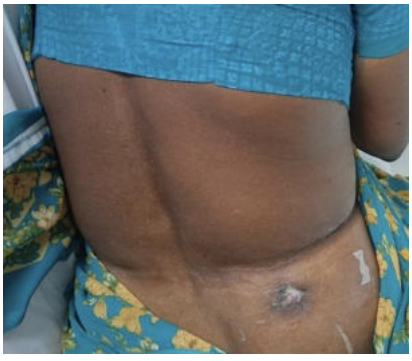
We present a rare case of chronic appendicitis presenting as a cutaneous fistula in the right lower abdomen. This report aims to highlight the diagnostic challenge posed by such uncommon manifestations and emphasizes the importance of considering appendiceal pathology in the differential diagnosis of unexplained abdominal wall fistulas.

Case Report:

A 60 year-old female presented to the surgical outpatient department with a complaint of a persistent pain with swelling over the flank region of the abdominal wall for the past 3 months. Ultrasound scan of the abdomen done which showed abscess formation in the flank region. The abscess over the flank region drained. Later the patient developed a sinus opening in the flank region with persistent discharge which was seropurulent, non-foul smelling, and associated with mild, intermittent pain at the site.

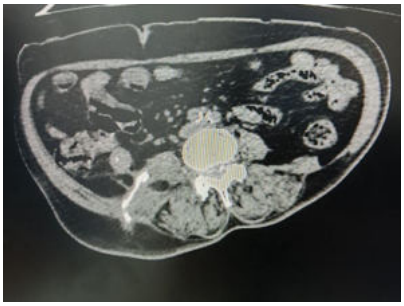
The patient denied any prior history of acute abdominal pain, fever, weight loss, or change in bowel habits.

On physical examination, a small external opening with surrounding induration and minimal discharge was noted approximately 12 cm lateral to the spine over right right flank region 2cm above right iliac crest. The surrounding skin was mildly erythematous, and there was no palpable mass or tenderness on deep palpation. No other systemic abnormalities were detected.



Fistulous Opening With Active Discharge In Right Flank Region

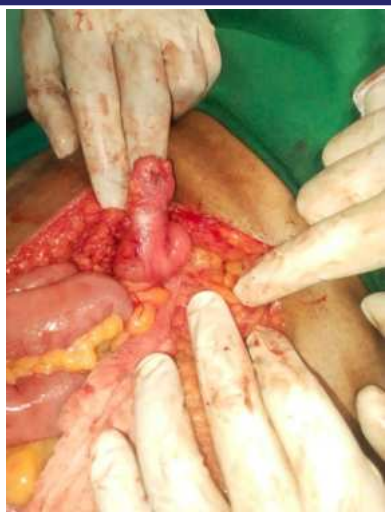
Routine blood investigations are within normal limits. Contrast-enhanced CT of the abdomen confirmed a fistulous tract originating from the tip of an inflamed and thickened retrocecal appendix extending to the skin surface. A CT-fistulogram demonstrated a sinus tract extending from the skin to the right iliac fossa, communicating with a tubular structure suggestive of the appendix.



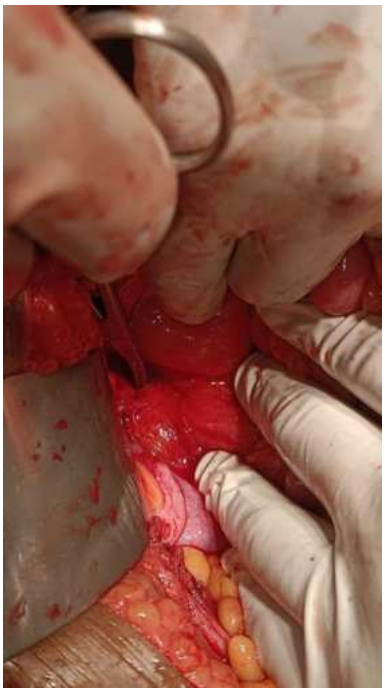
CT- Fistulogram Showing Tract From Appendix To Skin

The patient was taken up for surgery, and an exploratory laparotomy was performed. Intraoperatively, an inflamed appendix with a fistulous tract communicating to the abdominal wall was identified.

An appendectomy along with curetting of the fistulous tract was done. The specimen was sent for histopathological examination, which revealed chronic appendicitis with no evidence of malignancy or granulomatous disease.



Intraoperative Picture Showing Perforated Site In The Appendix



Intraoperative Picture Showing Internal Opening Of Fistulous Tract

The postoperative period was uneventful, and the patient was discharged on the 12th postoperative day with no recurrence or complications on follow-up.

CONCLUSION

Appendicitis, though commonly encountered in clinical practice, can occasionally present with rare and atypical complications such as appendico-cutaneous fistula. Such presentations may lead to diagnostic delays, particularly in the absence of classical symptoms. This case underscores the importance of maintaining a high index of suspicion for appendiceal pathology in patients presenting with unexplained discharging sinuses in the right lower abdomen. Timely imaging and surgical intervention remain the cornerstone of effective management, leading to favorable outcomes and prevention of further complications.

REFERENCES:

1. Singal R, Gupta S, Mittal A, et al. Appendico-cutaneous fistula presenting as a large wound: a rare phenomenon – brief review. Acta Med Indones. 2012;44(1):53–56.
2. Rivas EC. Hybrid resolution of abscessed appendico-cutaneous fistula: case report. The Trocar. 2025;6(1):e07.
3. Singh MP, Samaiya A, Sainia TK, Saxena A. Spontaneous appendico-cutaneous fistula: an unusual presentation of retroperitoneal appendicular perforation associated with psoas abscess. J Surg Case Rep. 2016;2016(6):rjw112.
4. Wijers O, Conijn A, Wiese H, Sjer M. Appendico-cutaneous fistula 20 years after groin hernia repair with a polypropylene plug. BMJ Case Rep. 2013;2013:bcr2013009801.
5. Beaumont O, Miller R, Guy R. Atypical presentation of appendicitis. BMJ Case Rep. 2016;2016:bcr2016217293.
6. Malhotra P, Sharma D, Kanwar A, et al. Appendico-cutaneous fistula: an unusual presentation. Indian J Surg. 2015;67(6):1829–1833.