



## ACUTE APPENDICITIS SECONDARY TO GIANT FECOLITH: A CASE REPORT WITH REVIEW OF LITERATURE.

### KEYWORDS

FECOLITH, APPENDICOLITH, APPENDICITIS.

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### ABSTRACT

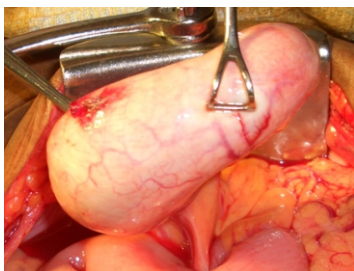
Acute appendicitis remains the most common cause of acute abdomen requiring surgical procedure in the young. final diagnosis is based on hisptopathological examination. In the pathogenesis of development of acute appendicitis obstruction of the lumen is the key step, which can be caused by appendicolith or fecolith, fibrosis and stricture. We present a case in which there was a huge fecolith mimicking tumour at the base of the appendix.

### INTRODUCTION:

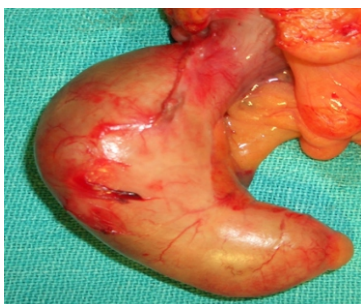
Acute appendicitis is one of the most common causes of an abdominal emergency and accounts for approximately 1% of all surgical operations.[1] The most commonly accepted theory of the pathogenesis of appendicitis is that it results from obstruction followed by infection.[2] presence of fecolith has been proved by study to be associated with acute appendicitis.[3]

### CASE HISTORY:

A 33 year young male patient presented with right lower quadrant abdominal pain associated with nausea and mild fever since 4 days similar history of complaints was experienced by the patient in the past. on examination patient was febrile there was localised guarding and rigidity in the right iliac fossa, bowel sounds were present. blood counts revealed an leukocytosis with predominance of neutrophils of 80%. USG abdomen showed thickened fluid filled appendix containing an echogenic shadowing. laparotomy was performed where there was a hard swelling at the base of appendix of about 3\*4 cms and appendix looked inflamed and distended with periappendiceal inflammatory adhesions but non perforated [fig1 &2]. Appendectomy was performed and rest of the bowel palpated for any other similar swellings. Appendix was cut opened to find a large hard fecolith completely obstructing the base with distal lumen filled with fluid [fig3&4]



**FIG1: DISTENDED APPENDIX WITH FEATURES OF INFLAMMATION.**



**FIG2: SWELLING AT THE BASE OF APPENDIX**



**FIG3: FECOLITH IN THE BASE OF APPENDIX.**



**FIG4: FECOLITH OF APPENDIX.**

### DISCUSSION:

It is generally accepted that the main aetiology of appendicitis is obstruction due to fecolith in adults and lymphoid hyperplasia in children.[3] but recent studies found contrasting results [4,5]. appendicolith or fecolith is made up of mainly hardened faecal matter with mineral deposits usually calcium making it radioopaque. they are generally found in 10% of patients and are most of them incidentally detected in either abdominal Xray or CT scan.[6] it can also be found in normal patients incidentally like enterolithiasis.[7] presence or absence of appendicolith does not indicate the severity of the disease.[3] appendicolith seems to be of infective potential as there are case reports where retained fecoliths had propensity to form pelvic abscess.[8] fecoliths similar to our case can mimic other pathologies like urolithiasis [9] and enterolithiasis.

### CONCLUSION:

*With the growing armamentarium of radiological investigations incidence of incidental appendicolith will keep increasing. The controversial topic of appendectomy in patients found with them is still*

*a matter of debate. Chemical composition and mechanism of formation of fecoliths needs to be studied further. Fecoliths similar to our case can mimic other pathologies like urolithiasis, so these conditions have to be ruled out before embarking on operative procedure.*

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