



Surgery

PERFORATED GANGRENOUS APPENDIX DUE TO LARGE FAECOLITH: A CASE REPORT

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ABSTRACT The acute appendicitis incidence is on rise in developing countries like India, the patients usually present with the pain in right iliac fossa region. One of the leading causes of appendicitis includes appendix lumen obstruction, most commonly due to faecolith. We in our hospital reported a case of acute appendicitis, having a gangrenous appendix with size of faecolith of 2.5 cm which is usually rare. The patient underwent laparotomy with appendectomy, and on follow up the patient was recovered without recurrent infection or pain.

KEYWORDS : Appendicitis, faecolith, gangrenous appendix, appendectomy

INTRODUCTION

Acute appendicitis is an acute inflammation, which is known to be caused by multiple factors, of which one of the most likely cause is obstruction in lumen of the appendix (which in turn caused by faecolith), and among other causes include the dietary & familial factors. [1-3] It has been proved that in adults the cause of appendicitis is faecoliths, while in children it is seen due to lymphoid hyperplasia. The strong association of appendicitis with faecoliths has noted. [4, 5] The obstructed appendix which is secondary to the presence of faecolith is also found to be associated with perforated/gangrenous appendicitis. [5] The incidence of acute appendicitis has raised due to faecolith in 40% cases of simple appendicitis, 65 % of gangrenous non-perforated appendicitis and 90 % perforated appendicitis. [3]

CASE REPORT:

A 20 year male patient came with history of abdominal pain since 2 days to surgery OPD. The pain was generalized more on right iliac fossa, and was found to be acute in onset and gradually progressive. No history of complaints of bowel movement and bladder was normal with decreased appetite and sleep. He was not receiving any medication for any chronic illness. Clinical examination revealed he was tachycardic (pulse 92) and with normal blood pressure. Examination of the abdomen revealed scaphoid shaped abdomen with normal umbilicus and so scars or sinuses. On palpation mild generalized tenderness was noted guarding without organomegaly.

INVESTIGATIONS:

Blood investigation revealed leukocytosis (WBC 11700/mm³). Pre-operative chest X-ray was done which was suggestive of air under diaphragm i.e. perforation. A clinical diagnosis of perforation was made and patient was planned for exploratory laparotomy.

INTRAOPERATIVE FINDINGS:

Perforated gangrenous appendix due to faecolith measuring 2.5 cm with abscess cavity. (Figure 1)

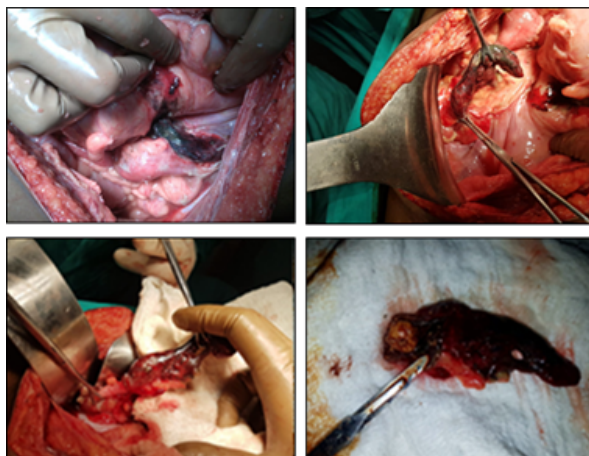


Figure: Intraoperative images

TREATMENT

Exploratory laparotomy with appendectomy was performed on the patient. The gangrenous appendix was removed surgically, the pus from peritoneal cavity was suctioned out and abdominal cavity was washed with warm normal saline. The pus was sent for culture and sensitivity, which showed many puss cells with some gram negative bacilli with presence of organism E. Coli. The abdominal cavity was explored. Post-operative recovery was uneventful. On follow up after 1 week, radiological examination of the abdomen was unremarkable.

DISCUSSION:

The first description of the acute appendicitis was reported by Fitz in 1886. [6] Faecoliths one of the most common cause of obstruction in lumen of the appendix, were defined as faecal concretions or pellets. [4] Faecoliths are common in rectum and sigmoid and usually due to habitual constipation or may be secondary to stricture—congenital, inflammatory, malignancy or functional. [7] The choice of treatment is appendectomy and is done as a laparoscopic procedure. [8] The prevalence of faecolith in perforated appendicitis was noted to be 27.5% in adults. [4] Compared to the usual dimension of the faecolith in appendicitis patients, the one we found is with dimension of 2.5 cm, which is unusual finding.

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