



APPENDICULAR INTUSSUSCEPTION-A RARE CASE REPORT

General Surgery

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ABSTRACT

Appendicular Intussusception is a rare condition and may present as an acute abdomen. We present a case of 45 year old female who presented with pain abdomen for 7 days duration. Appendicular lump was found in Right Iliac Fossa which per-operatively turned out to be an appendicular intussusception. Patient was managed with ileoascending anastomosis.

KEYWORDS

Appendix, Pain Abdomen, Intussusception

INTRODUCTION

Intussusception is a common pediatric problem with ileocolic intussusception being the commonest type. Intussusception of appendix is an uncommon condition and may present as an acute abdomen. Appendicular Intussusception is rare with an incidence of 0.01% among patients undergoing appendectomy. We present a case of 45 year old female who presented with pain abdomen for 7 days. She was investigated and radiological diagnosis of ileocolic intussusception was made. On explorative laparotomy he was found to have appendicular intussusception.

CASE REPORT

A 45 year old female presented with pain in the right lower abdomen for last 7 days. Pain was associated with on and off vomiting. She did not pass stool or flatus for 2 days. The pain was a generalized, dull aching with intermittent colic in the umbilical region and right iliac fossa. There was no history suggestive of fever, weight loss.

On general examination, his vital parameters were stable. Abdominal examination revealed tenderness over the right iliac fossa with maximum tenderness over Mc Burney's point. Digital rectal examination did not reveal any abnormality. His routine investigations including haemogram, liver functions, renal profile, blood sugars, abdominal and chest radiograph were normal. Per abdomen examination revealed a mass in the right iliac fossa measuring 3x3 cm. X-ray findings showed obstructive features.

An emergency laparotomy revealed intussusception of the appendix into the caecum just below the ileocaecal junction. An attempt to reduce the appendix was made, which was not possible due to fibrosis. The appendiculo-caecal intussusception was very near the ileocaecal junction, and ileoascending anastomosis was done. Biopsy report was consistent with findings of appendicular intussusception, mesenteric lymph nodes showed reactive hyperplasia. There was no evidence of malignancy.

Post-operative period was uneventful and patient was discharged on 7th post-operative day. During follow up patient was asymptomatic for 1 month and subsequently lost to follow up.

DISCUSSION

The intussusception of the appendix is a rare phenomenon, its incidence being 0.1% [1]. Intussusception of the appendix was first described in 1858 [2]. It affects all ages but is usually associated with males in the first decade [3]. Several factors and conditions can contribute to the pathogenesis of appendicular intussusception. These can be broadly divided into anatomic and pathologic factors. The anatomical variations it can result from are a fully mobile appendix, a narrow thin mesoappendix, a poorly fixed high caecum, due to

hyperperistalsis etc. Several pathological conditions of the appendix can lead to its intussusception viz. foreign bodies in the appendix, inflammation of the appendix (including endometriosis), neoplasms, etc. [4].

Our case was a 45 year old female who presented as a case of recurrent pain abdomen in surgery department. On per-abdomen examination 3x3 cm lump in right iliac fossa was palpable. Incidentally it was found out to be appendicular intussusception.

An appendiceal intussusception may be mistaken for a polyp or carcinoma, and failure to accurately diagnose this condition has resulted in patients undergoing colonoscopic polypectomy with resultant perforation and peritonitis [5]. Pathologically intussusception of the appendix has the following characteristics: (i) Lesions inside the lumen like faecoliths, foreign bodies. (ii) Lesions of the wall like hypertrophic lymphoid follicles, adenovirus infections, mucosal polyps, mucocèles, adenocarcinoma, carcinoid, endometriosis, tuberculosis, and mucinous cystadenoma [6].



Figure 1 Specimen With Intussuscepted Appendix

Divagination of the appendix has been reported using a barium enema in cases of simple inversion [7]. Present case was unlikely to be relieved conservatively so taken up for explorative laparotomy which revealed invaginated appendix very near to ileocaecal junction. Figure 1 shows specimen with intussuscepted appendix.

CONCLUSION

An appendiceal intussusception though a rare condition, should be kept in mind while evaluating right iliac fossa pain/ mass. The mass (polyp) visualized in caecum during colonoscopy should be excised colonoscopically with great caution.

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