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A RARE CASE OF SMALL BOWEL OBSTRUCTION DUE TO RESIDUAL APPENDICULAR STUMP ADHESION

Surgery

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ABSTRACT

Here we report a scenario where post laparoscopic appendectomy residual lengthy stump lead to small bowel obstruction. We describe an unusual case of a 65 year old female who had undergone a laparoscopic appendectomy a year ago now presented with small bowel obstruction due to an adhesive band extending from the residual appendicular stump to terminal ileum, 20cm proximal to the Ileo-caecal junction, which lead to an internal herniation of bowel loop. Thus we bring to notice the need for appropriate clinical acumen and prior radiological investigation before surgical intervention.

KEYWORDS

lengthy appendicular stump; small bowel obstruction; adhesive band

Introduction

Stump appendicitis is one of the rare delayed complications of appendectomy first described in 2 patients by Rose in 1945 (1) Stump appendicitis is inflammation of remnant appendix tissue due to incomplete removal of the appendix. (2). Clinical presentation of stump appendicitis usually mimics classical acute appendicitis with right iliac fossa tenderness and guarding. (3). However stump appendicitis leading to adhesive band formation, causing small bowel obstruction is a rare entity. Therefore we report such a case that deserves mention.

Case Report

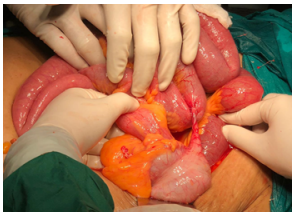
A 65 year old lady came with history of recurrent vomiting and generalized abdominal pain on and off since 1 week. History of intermittent fever without chills and constipation was present since a week. She was operated for laparoscopic appendectomy in an outside centre a year ago. No other co-morbidities. On examination she had tachycardia, abdomen was distended and bowel sounds were absent. Digital rectal examination was unremarkable. Nasogastric tube had bilious output.

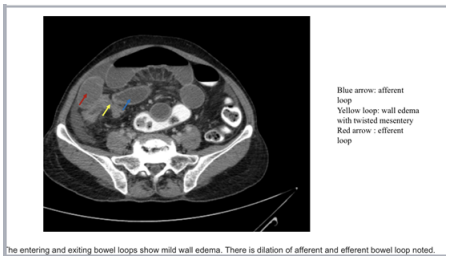
Investigations: White blood cell count was 15,000/cumm (predominantly neutrophilic)

Abdominal X-ray (erect) showed dilated small bowel loops. Contrast enhanced CT of the abdomen revealed closed loop obstruction in the terminal ileum with mild twisting of mesentery.

Patient was taken up for an exploratory laparotomy which revealed an adhesive band, extending from the residual appendicular stump to the terminal ileum, approximately 20cm proximal to the Ileo-caecal junction. Internal hernia of a small bowel loop through the band was noted. Adhesiolysis and stumpectomy was done. Appendicular radix was not inverted into the caecum. No bowel ischemia noted.

Post-operatively the patient had an uneventful course. She was ambulant, tolerating oral diet and passed stools. She was discharged on post-op day 6.





Discussion

Postoperative complications after appendectomy include wound infection, intra-abdominal abscess, retrocecal abscess, intestinal perforation with peritonitis, bleeding and adhesions. (4) Stump appendicitis is a relatively uncommon complication, 1 in 50,000 cases. (5) Laparoscopic appendectomy has positively been proven to be better than open appendectomy for various reasons(6). However some studies prove that stump appendicitis is relatively more common in laparoscopic appendectomy than conventional appendectomy.(7)(8) Stump appendicitis typically presents as and mimics acute appendicitis. Stump appendicitis leading to an adhesive band formation causing an internal hernia of bowel loop has not been reported so far.

Hence emphasis is being laid through this case report, that in an operated case of appendectomy (especially laparoscopic) delayed presentation of small bowel obstruction is a possibility due to stump adhesion formation. Therefore sound clinical acumen and radiological expertise is necessary to conclusively approach and treat this case.

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