ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 07 | July - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

OBSTRUCTIVE JAUNDICE SECONDARY TO APPENDICULAR LUMP FORMATION IN RIGHT SUBHEPATIC REGION

General Surgery

Dr Praful Pawar Lecturer, MGM Hospital Aurangabad.
Dr Somya Verma* Junior Resident II , MGM Hospital Aurangabad. *Corresponding Author

ABSTRACT

Appendicular lump is formed in 2-6% cases of acute appendicitis, if appendicectomy is not done. A perforated appendix is one of the complications of acute appendicitis when appendicitis is left untreated, necrosis of appendiceal wall can occur and progress to a focal rupture. A 30 Years old male patient presented with complaints of abdominal pain, episodes of vomiting, and fever for 5 days and yellowish discoloration of eyes and urine for 2 days. On emergency Laparoscopic exploration, findings were intestinal malrotation with caecum and appendix lying high in the right subhepatic region. The sub hepatic appendix had perforation at tip and early lump formation with the nearby loops of intestine and edematous base of appendix and surrounding caecum, compressing over Common bile duct with omental adhesions leading to obstructive jaundice. Post op: uneventful.

KEYWORDS

INTRODUCTION:

Acute appendicitis remains the most common reason for intervention in acute abdominal pain. The best treatment of acute appendicitis is emergency appendicectomy. If the treatment is delayed then complications like Appendicular lump can result.(1) Appendicular lump is formed in 2-6% cases of acute appendicitis, if appendicectomy is not done.(2)A perforated appendix is one of the complications of acute appendicitis when appendicitis is left untreated, necrosis of appendiceal wall can occur and progress to a focal rupture. If not diagnosed on time, perforated appendix leads to higher mortality.(3) Therefore, there should be a high index of suspicion in cases with acute appendicitis to reduce the mortality.

CASE HISTORY:

A 30 Years old male patient presented to Emergency room with complaints of abdominal pain, 3 episodes of vomiting, and fever for 5 days. Patient also had yellowish discoloration of eyes and urine for 2 days. On Examination, Abdomen was non distended, soft, tender in subhepatic region and icteric. On USG(Abdomen+Pelvis), patient had appendicular tip perforation with early lump formation in subhepatic appendix. Mildly dilated IHBR with normal common bile duct & Gall Bladder. Liver Function Test showed increase in Total Bilirubin (4) and Direct bilirubin (3.5).

MANAGEMENT:

Patient was taken for Emergency Laparoscopic appendectomy. Intra op findings were intestinal malrotation with caecum and appendix lying high in the right subhepatic region. The sub hepatic appendix had perforation at tip and early lump formation with the nearby loops of intestine and edematous base of appendix and surrounding caecum, compressing over Common bile duct with omental adhesions. Adhesiolysis was done. Pus pockets identified and suctioned. Mesoappendix ligated and appendix transfixed and cut. Peritoneal cavity was washed with 4 litres of normal saline .Drain was kept in subhepatic region. Post op recovery was uneventful and drain removed after 48hours after having minimal drain output for 24hours. Jaundice decreased subsequently. Patient was discharged on post-operative day 5 when the blood investigations revealed total bilirubin 2.1mg/dl,ALP-216 IU/l , Esr 20mm/ hr.

DISCUSSION:

Appendicular mass or phlegmon usually develops after an attack of acute appendicitis, which is usually palpable as tender mass in right iliac fossa and varies from a mass/phlegmon to an abscess formation.(4).However in cases of intestinal malrotation, the position of appendix can be variable. Hence in such patients a pre-op ultrasound and a midline incision could be very useful, as in our case. If surgery is performed under the condition that inflammation due to appendicitis has spread to adjacent areas, the inflammation may have spread over a wide area. In addition, because of edema and the vulnerability of the adjacent small intestine and large intestine, secondary fistulas, etc., may have developed.(5) In our case ,however, the appendicular lump which has thus formed was compressing the CBD leading to stasis of bile and causing obstructive jaundice as the position of the lump too was in subhepatic region . it was giving a feeling of some duodenal/periampullary mass causing obstructive features. Not much literature could be found regarding such rare presentation , hence, the case was worth reporting so that one would keep in mind to search for appendix in wrong places too!

Conflicts Of Interest: None

REFERENCES :

1. Margaret Farquharson, Brendan Moran. Operations on appendix. In: Margaret Farquharson, eds. Farquharson's Textbook of Operative General Surgery. 9th ed. UK: A Hodder Arnold Publication; 2005.
2. Jordan JS, Kovalcik PJ, Schwab CW. Appendicitis with a palpable mass. Ann Surg. 1981;193(2):227-9.
3. Norman S. William, Christopher JK. Bulstrode, P. Ronan O'Connel. In: Norman S. William, Christopher JK. Bulstrode, P. Ronan O'Connel, eds. Vermiform Appendix in Short Practice of Surgery. 25th ed. London: Edward Arnold Publisher Ltd; 2008: 1205-1217.
4. Brown CV, Abrishami M, Muller M, Velmahos GC. Appendicular abscess: immediate operation or percutaneous drainage. Am Surg. 2003;69:829-32.
5. Kim JK, Ryoo S, Oh HK, Kim JS, Shin R, Choe EK, Jeong SY, Park KJ. Management of appendicitis presenting with abscess or mass. J Korean Soc Coloproctol. 2010 Dec;26(6):413-9. doi: 10.3393/jksc.2010.26.6.413. Epub 2010 Dec 31. PMID: 21221242; PMCID: PMC3017977.