



## AN UNUSUALLY LONG APPENDIX: A CASE REPORT

## General Surgery

<b>Dr Faraz Khan*</b>	Postgraduate Student, Department of Surgery, Sarojini Naidu Medical College, Agra, India *Corresponding Author
<b>Dr Aradhana Singh</b>	Associate Professor, Department of Surgery, Sarojini Naidu Medical College, Agra, India.
<b>Dr Mayank Jain</b>	Senior Resident, Department of Surgery, Sarojini Naidu Medical College, Agra, India
<b>Dr Varun Kumar Yadav</b>	Postgraduate Student, Department of Surgery, Sarojini Naidu Medical College, Agra, India

## ABSTRACT

Acute appendicitis is one of the most common surgical emergencies with vermiform appendix being one of the organs with variable sizes. Anatomical variations are mainly related to its length and position. We hereby are reporting a case of an unusually long appendix removed.

## KEYWORDS

Appendix, Long appendix, Appendectomy

## INTRODUCTION

One of the most common conditions that require urgent surgical intervention is appendicitis. The vermiform appendix can vary from patient to patient in its size, site, and clinical presentation of acute appendicitis. Clinical diagnosis is often challenging and requires synthesis of clinical findings, blood investigations and imaging. We are describing here a case of one of the longest appendices removed, about 17 cm, in a patient of acute appendicitis.

## Case Presentation

A 23-year-old married female presented with complaints of right lower abdominal pain for 3 days, with pain being constant and dull aching in nature, initially occurring in right lower lumbar region and later migrating to right iliac fossa, associated with 4 episodes of non-projectile vomiting, fever without chills or rigor and anorexia with normal bowel function. On clinical examination, there was tenderness in right iliac fossa at McBurney's point with localized guarding and positive rebound tenderness. Patient denied any dysuric complaints.

Patient had pulse rate of 102/min, respiratory rate of 18 breaths/min, Blood pressure around 118/68 mm hg and was currently afebrile.

Blood investigation revealed elevated WBC counts of 15,000 cells/mm<sup>3</sup>, rest all other blood tests were normal.

Ultrasonography revealed probe tenderness in right iliac fossa with a large blind non compressible aperistaltic tubular structure measuring approximately 7 mm in diameter with peri appendiceal fluid and mesenteric lymphadenopathy, suggestive of acute appendicitis.

On performing surgery, caecum was present in right iliac fossa. The appendix was inflamed, remarkably long, found to be partly retrocecal in position, and after two coils on itself, it was seen running along the entire length of ascending colon with its tip almost reaching hepatic flexure. Post operatively the excised appendix was approximately 17 cm in length. Appendix was sent for histopathological examination which confirmed acute appendicitis.



Intraoperative Image Showing Long Appendix



Post Operative Image Of Excised Appendix

## DISCUSSION

Appendix is a midgut, tubular, aperistaltic structure, arising from the inferior tip of caecum. Appendiceal mucosa is colonic in nature with columnar epithelium, neuroendocrine cells and mucin producing goblet cells. There is presence of submucoid lymphoid tissue as well, which has led to some hypothesize that appendix may have a role in immune system.[1]

Patients with acute appendicitis usually complain of abdominal pain, commonly originating in periumbilical region and later radiating and localizing to right iliac fossa, thus being a reliable symptom of appendicitis. Other associated symptoms include anorexia, nausea and vomiting along with diarrhea or constipation.[1]

Appendicitis may rarely manifest itself in an atypical fashion, example being retroperitoneal appendix, whose symptoms mainly include flank or back pain, or patients with appendiceal tip in pelvis, presenting with supra pubic pain and giving false impression of urinary tract infection.[1]

Though the position of the base of the appendix in relation to the caecum is mostly constant, that is at McBurney's point, the location of its free tip is highly variable. It may be retrocecal (28%-68%), pelvic (27%-53%), paracaecal and paracolic, anterior or pre-ileal (1%), post-ileal, within a hernial sac (2%), or the caecum itself may be present in the subhepatic position because of the arrest of its descent (4%) [2,3]. Length varies from 5-35 cm in length but averages 8 to 9 cm in adults.

Longest appendix reported was 26 cm, removed from a 72-year-old during an autopsy at the Ljudevit Jurak University, Department of Pathology, Croatia.[4] Whereas the longest one removed in India was at 18 cm in length from a 25-year-old male, in SSG Hospital, Vadodara, Gujarat.[5]

**CONCLUSION**

Acute Appendicitis is one of the most common surgical emergencies faced by a surgeon in practice, with conservative approach also being present but appendectomy, being the definitive management of choice.

**REFERENCES**

1. Townsend, J. C. M., Beauchamp, R. D., Evers, B. M., & Mattox, K. L. (2016). Sabiston textbook of surgery (21st ed.). Elsevier - Health Sciences Division.
2. Collins DC: 71,000 human appendix specimens. A final report summarizing forty years study. *Am J Proctol* 1963, 14:365-381.
3. Solanke TF: The position, length, and content of the vermiform appendix in Nigerians. *Br J Surg* 1970, 57:100-102.
4. Samaha AHA, Tawfik AS, Abbas TO and Abdelhamid A; Megaloappendix: A Case Report. *Case Reports in Surgery*, 2011
5. Tiwari P, M. S, Tiwari M, M. D; Mega appendix: A rare one of the longest appendix operated. *Case report: Sch. J. App. Med. Sci.*, 2013; 1(4): 256-257.