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Original Research Paper

General Surgery

DUAL PATHOLOGY OF ACUTE PANCREATITIS AND ACUTE APPENDICITIS IN A PATIENT PRESENTING WITH ACUTE ABDOMEN

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ABSTRACT Presence of appendicitis and pancreatitis in a patient is very rare and whether it is complication of pancreatitis resulting in appendicitis or two separate pathologies, is not known. There is a requirement to study the association between the two. Even the management of the same is not clear. We present a case of acute abdomen which was diagnosed to have both appendicitis and pancreatitis.

KEYWORDS :

INTRODUCTION

Presence of appendicitis and pancreatitis in a patient is very rare and whether it is complication of pancreatitis resulting in appendicitis or two separate pathologies, is not known. There exists a possibility of spread of pancreatic inflammatory exudates via the small bowel mesentery resulting in peri-appendicitis (1). We present a case of acute abdomen which was diagnosed to have both appendicitis and pancreatitis.

CASE REPORT

35 year old male with no known co morbidities presented with history of severe abdominal pain, loss of appetite, nausea and non bilious vomiting of one day duration. Pain was sudden in onset, severe in nature localised in epigastric and right lumbar region. No history of fever or bowel and bladder complaints. The patient denied any history of alcohol consumption. On examination, vitals were within normal limits. Abdomen was distended and had tenderness in epigastric and right lumbar region and bowel sounds were present. Per rectal examination was unremarkable. Patient had leucocytosis on haematological examination with raised serum amylase and lipase levels. Ultrasound of the abdomen revealed fat stranding around body of pancreas and features of acute appendicitis (Figure 1&2). Abdominal computed tomography (CT) also revealed the evidence of complicated pancreatitis along with fluid accumulation around the inflamed appendix (Figure 3&4). Patient was managed conservatively to which he responded well and was discharged after 10 days of admission and is under regular follow up.

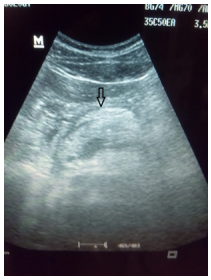

Figure 1 : USG showing fat stranding around Pancreas

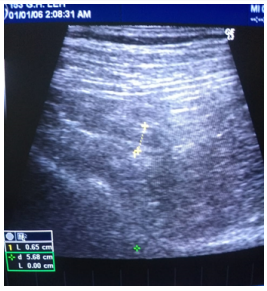

Figure 2: USG showing blind ending tubular non compressible structure

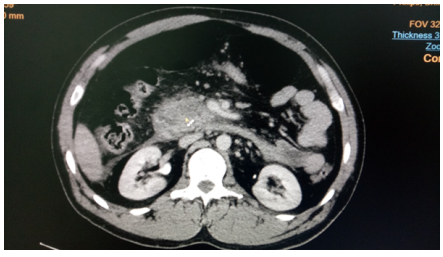

Figure 3 : CECT abdomen showing Pancreatitis

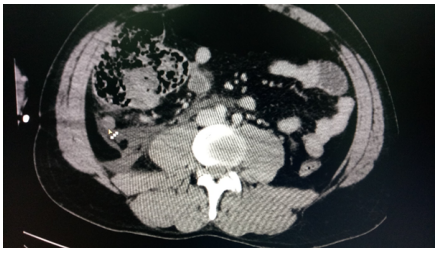

Figure 4: CECT showing Appendicitis & thickened Gerota's fascia on Right side

DISCUSSION

Colonic complications of severe acute pancreatitis are quite uncommon and always occur in transverse colon and splenic flexure (1). The incidence of such complications is approx 7% including infarction, infection and transverse colon and

splenic flexure fistula, however not much has been reported about isolated involvement of the appendix as a complication of pancreatitis (2). According to the reports of rare cases, there is a possibility that appendicitis be a rare complication of pancreatitis (1,3,4).

CONCLUSION

Not much is known about the relationship between pancreatitis and appendicitis. The possibility is either of dual pathology or that the infection is spread from the pancreas to the colon or vice versa. Further whether the patient should be managed conservatively or by surgical intervention should be further studied (1).

REFERENCES

1. Hsia HC, Shoung LK, Wong DW. Acute pancreatitis complicated with periappendicitis. Zhonghua Yi Xue Za Zhi (Taipei) 2002; 65:619-21.[Abstract]
2. Alaqqad M, Ram L, Kannan P, Abou Al Neaj M. Pancreatitis complicated by acute appendicitis. Hamdan Med J 2015;8:161-4.
3. Wasnik N, Agrawal VP, Khatri KR, Khatri V. Acute pancreatitis masquerading as acute appendicitis – a diagnostic dilemma. IJBAR 2013
4. Wasnik N, Agrawal VP, Khatri KR, Khatri V. Acute pancreatitis masquerading as acute appendicitis – a diagnostic dilemma. IJBAR 2013; 4.