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AN UNUSUALLY LONG APPENDIX - A CASE REPORT.

General Surgery

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ABSTRACT

The appendix, a narrow diverticulum of variable length but usually about 8 cm long, arises from the posteromedial wall of the caecum below the ileocaecal orifice . It is covered with peritoneum and connected to the termi- nal ileum by a mesentry, the mesoappendix, which contains the appendicular artery. Much lymphoid tissue is found in its wall. It is very mobile and therefore its relations are variable; most commonly it lies in a retrocaecal position, but not infrequently it is in the pelvis .Appendicitis – inflammation of the appendix – is usually a consequence of obstruction of its lumen by faeces. Because the lumen is wider in infancy and often non-existent in elderly individuals, appendicitis is uncommon in these age (1) .we report a case of 32 year old male patient with a Complaints of pain in the right side lower abdomen associated with nausea and loss of appetite .Radiological and complete investigations done and patient diagnosed to have acute appendicitis and hence patient was taken up for emergency open appendicetomy .

KEYWORDS

INTRODUCTION

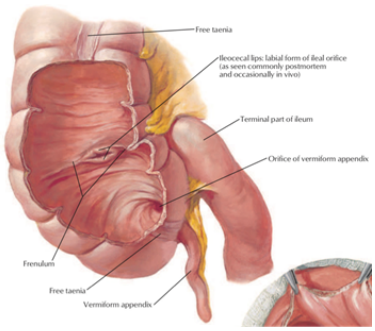
Appendicitis is considered primarily a disease of adolescents and young adults.Rare in infants . Lifetime risk for Western populations is ~7%; incidence varies with age.(2) .Appendicitis causes tense swelling of the organ and this may be severe enough to impair flow in the appendic- ular artery, an end artery, which is followed by gangrene of the appendicular wall and perforation, with the development of generalized peritonitis. Distension of the organ in early appendicitis produces vague colicky pain in the central abdomen, but later, when local inflammation develops in the parietal peritoneum of the right iliac fossa, the pain changes in character, becoming localized to the right iliac fossa, continuous and exacerbated by movement. (1). The overall mortality from appendicitis is only 0.8%, but most deaths occur in very young and very old patients. In adults, the mortality rate after appendectomy is strongly related to age, ranging from a minimum of 0.07/1000 appendectomies in patients 20 to 29 years old to a maximum of 164/1000 in nonagenarians.(3).

CASE REPORT .

We report a case of 32 yr. old male who presented to the emergency department with a pain in the right iliac fossa and lumbar area. The patient complained of fever, nausea and loss of apetite. There was no history of migration of pain, no history of dysuria. The ultrasound of the abdomenThe x-ray of the abdomen showed no significant air fluid levels. The total leucocyte count was 13000 per mm3 with neutrophil count of 72%. On examination there was tenderness in the right iliac fossa and lumbar area. So the diagnosis of acute appendicitis was made and patient was taken up for surgery. The appendix was retroceacal , It was turgid and inflamed and measured slightly 14 cm. The histopathological examination of the specimen confirmed the diagnosis. The patient was discharged on fourth post-operative day to be followed on outpatient bases.

DISCUSSION.

The appendix is a worm like tubular structure containing mucosa, submucosa, muscular layer and serosa, present just below the junction of ileum with ceacum in primates, some apes and wombats(4,5) . In lower animals it is known to help in the digestion of cellulose but exact role of appendix in humans is not clear. some believe it is a vestigeal organ while some believe it is a lymphoid organ. It is believed to serve as a nidus for the gut friendly bacteria (6) .The appendix is usually 6-9 cm long but the different apendices has been reported from 1 cm to 30 cm in length. The classic presentation of appendicitis—periumbilical pain that localizes over several hours to the right lower quadrant, fever, anorexia, and leukocytosis—occurs in less than 20% of older patients with appendicitis. Although almost all older patients with acute appendicitis present with abdominal pain, only 50% to 75% have pain localized to the right lower quadrant. Almost one third of patients have diffuse nonlocalizable abdominal pain. Because vague abdominal pain is a common symptom in older adults, its significance may be overlooked, leading to delays in treatment. Other signs of acute appendicitis are also unreliable in older adults. The WBC count and temperature are normal in 20% to 50% of older patients with appendicitis. Nausea, vomiting, and anorexia are also found less frequently in older patients.



The use of computed tomography (CT) scanning in the diag- nosis of acute appendicitis has increased dramatically. Less than 20% of patients underwent preoperative CT before urgent appen- dectomy in 1998 compared with greater than 90% of patients in 2007. The negative appendectomy rate in older adults has not changed during this same time period. Because of the atypical presentation of appendicitis, the high rate of perforation at the time of presentation, and the expanded differential diagnosis in older adults, CT scanning has been advocated.57 If an abscess is found, percutaneous drainage and IV antibiotics are often prefer- able to exploration in the presence of a large abscess. In younger patients, this approach is followed by interval appendectomy approximately 6 weeks after the abscess has resolved. In older adults, recurrent appendicitis after resolution of the abscess is uncommon, and interval appendectomy is not necessary in all cases. However, the possibility of perforated cancer in this age group mandates a thorough evaluation of the colon when the acute process is controlled. Older patients presenting with signs and symptoms of acute appendicitis, but with longer duration of symptoms and a lower hematocrit than expected, should raise the concern for colon or appendiceal cancer.

The use of laparoscopic surgery for the treatment of acute appendicitis has increased dramatically over the past decade. At laparoscopy, a significantly higher incidence of complicated appendicitis and other pathology is observed in older adults. These factors lead to a higher conversion rate to open surgery in older patients. There is no difference in infectious related morbid- ity between younger and older patients undergoing laparoscopic appendectomy; however, older patients experience a higher rate of cardiopulmonary complications. Laparoscopic appendectomy is associated with a higher likelihood of

discharge home compared with discharge to a skilled or nonskilled nursing facility and reduced mortality rates compared with open appendectomy.(3)

FIGURE1.

The longest reported appendix removed from a living person has been 26 cm. Other reports have been of 20.5 cm, and 17 cm long appendix. Another 28 cm long apendix has been reported to be removed from a cadaver(7) . We are reporting one of the longest appendices removed at surgery which was just over 14cm in length (Figure 1).

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