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A RARE DELAYED COMPLICATION OF APPENDICECTOMY: A CASE REPORT OF STUMP APPENDICITIS

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ABSTRACT

Appendicitis is most common acute abdominally surgical emergency. And treatment for the Appendicectomy as the common procedure performed. Residual appendix left at the time of appendicectomy may prone to a rare development of stump appendicitis. As the sign and symptoms relate to appendicitis but its is often neglected the possibility of appendicitis which can lead to perforation. So early attempt must be made for its diagnosis.

Key words: Stump appendicitis , Appendicectomy

INTRODUCTION:

Stump appendicitis means the inflammation of the residual appendix which is a rare complication of appendicectomy[1]. Very few cases of stump appendicitis are reported till date[2]. Post operative complication of appendicitis includes bleeding wound rarely stump appendicitis[3]. Most of the clinicians and medical are not aware of the fact that post appendicectomy appendicitis can be taken as an differential diagnosis for right lower abdominal pain and which causes subsequent failure of diagnosis and treatment which ultimately fall off increase morbidity[4]. The time interval for onset of symptoms can range from two weeks to two years post appendicectomy[5]. Stump appendicitis was first reported by Rose in 1945; It is defined by him as the interval re-inflammation of any residual appendiceal tissue after appendicectomy[6]. The purpose of this article is to raise awareness about stump appendicitis and discuss its management.

Case Report:

A female patient of age 55years visited to hospital with complaints of, pain in right lower abdomen since 3days. The pain was initially localized around the umbilicus and gradually shifted to right lower quadrant. Vomiting and nausea associated by pain. History fever noted once during the course since pain started. The patient is known case of bronchial asthma for which she is taking regular treatment. She was having the history of appendicitis for which she has undergone appendicectomy before 3 to 4 years. When patient visited hospital she was afebrile, blood pressure was 110/70 mm of hg and pulse rate was of 80/min with respiration 22/min and bilateral air entry was normal. Patient has achieved her menopause before 7 years.

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Physical examination of abdomen reveals healed (Mac burney's Incision) surgical scar, severe tenderness was noted at Mac. Burney's point with guarding. In USG examination it was shown to have ill defined 3.6cm size long and around 1.8cm size wide hypo echoic collection with inflammation of the adjacent fat planes in right iliac fossa, infero-lateral to the caecum. Which could represent? Inflammatory secondary collection to divertculitis ? Involvement of appendicular stump. To confirm the diagnosis patient was advised C.T abdomen which revealed tubular blind ended structure in retro-caecal region showing thickened enhancing wall with mild surrounding collection ,fat stranding and lymphadenopathy as mentioned , could suggest stump appendicitis /diverticulitis with associated adjacent infective collection abscess. Lab investigation revealed Hb-11.6gm%, WBC-8100 cu/mm, other lab investigation was normal patient underwent 2D-Echo which showed LVEF 60% for cardiac fitness. Patient underwent appendicectomy the finding were stump appendicitis with adhesions to caecum and pus collection at antero-lateral aspect of caecum. The stump was separated from the adhesion and stump appendicectomy was performed and the remnant part of the stump was buried and closure was done. Patient got well post-operatively with no further complaints of abdominal pain.

DISCUSSION:

Stump appendicitis is rare and most oftenly delayed complication of stump appendicitis. Uptill now 36 cases are available in the medical literature world wide[2 7]. It is not usually consider while evaluating a patient with right lower quadrant pain because previous appendicectomy and long list of differential diagnosis for appendicitis [5 8]. It is usually diagnosed late pre-operatively when the stump get perforated or abscess formation occurs. The suggested causes can be enlisted as insufficient inversion of the stump left after appendicectomy [8 9]. Laproscopic appendicectomy has potential to result in incomplete removal of appendix owing to mis-identification of appendico-caecal junction during appendicectomy [5 10]. There is no relation of simple ligation and inversion of the stump with stump appendicitis. So when laproscopic surgery has been performed chances of appendicitis increases and it must be kept in mind while evaluating the patient with right lower quadrant pain [5 10 11]. The time interval from initial appendectomy to stump appendicitis varies and it ranges from 2months to 5 years [1 2]. So it must be kept in mind while handling a case of appendicitis. If the appendiceal stump less than 3mm in width accurately from the base of appendix can minimize appendicular stump formation [1 2]. The stump length varies from 0.5mm to 6.5cm in clinical practice. Pre-operative evaluation and diagnosis of patient with stump appendicitis. It is difficult to diagnose it with USG only one case reported up till date with stump appendicitis diagnosed by USG [9]. So need comes for more advanced technology in our literature. In our case it was identified under C.T scan with further possibility of stump appendicitis with a high indexed suspicion can help in early diagnosis and decreasing the mortality.

CONCLUSION:

Correct diagnosis and evaluation of patient with right lower quadrant pain is important with help C.T scan to reduce the further

morbidity. The stump should be less than 3mm in width. It is necessary to search for the remanant appendicular stump and if it is causing some difficulties another senior surgeon opinion must be taken.

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