

An atypical endoscopic diagnosis

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Case description

A 57-year old man presented to the emergency department with intermittent right lower quadrant pain for the previous two days. No fever on admission. Physical examination revealed discomfort in the right lower quadrant. Abdominal ultrasound revealed thickening of cecum wall with slightly increased diameter of appendix base.

Laboratory results show slightly elevated C-reactive protein (CRP 36 mg/dL) and normal leukocyte count (10 000/ μ L). Liver enzymes, kidney function and electrolytes were normal.

Abdominal CT scan was performed and revealed oedematous thickening of cecum wall and local lymphadenopathy. The tip of the appendix appeared normal (Fig. 1).

Patient was admitted and observed. To rule out neoplasm or inflammatory bowel disease a total colonoscopy and ileoscopy were performed two days after admission. These revealed an inflammatory cecum with faecal impacted base of the appendix, surrounded by pus (Fig. 2 Panel A). With the use of endoscopic biopsy forceps, the piece of faeces was removed (Fig. 2 Panel B).

What is the diagnosis?

The diagnosis of acute appendicitis was made. Antibiotics were started and patient improved rapidly. Patient did not have an appendectomy, nor recurrence of symptoms until present.

Diagnosis of acute appendicitis can be challenging. It is usually a clinical diagnosis but often abdominal ultrasound and CT are done to support the diagnosis. CT is highly accurate for acute appendicitis and excluding alternative conditions.

In this case abdominal ultrasound and CT scan were inconclusive and endoscopy was performed to rule out inflammatory bowel disease.

Endoscopy is not systematically performed when suspecting acute appendicitis, however it can be useful in cases with an atypical presentation and inconclusive imaging.

Conflict of Interest Disclosure

All authors disclosed no financial relationships relevant to this publication.

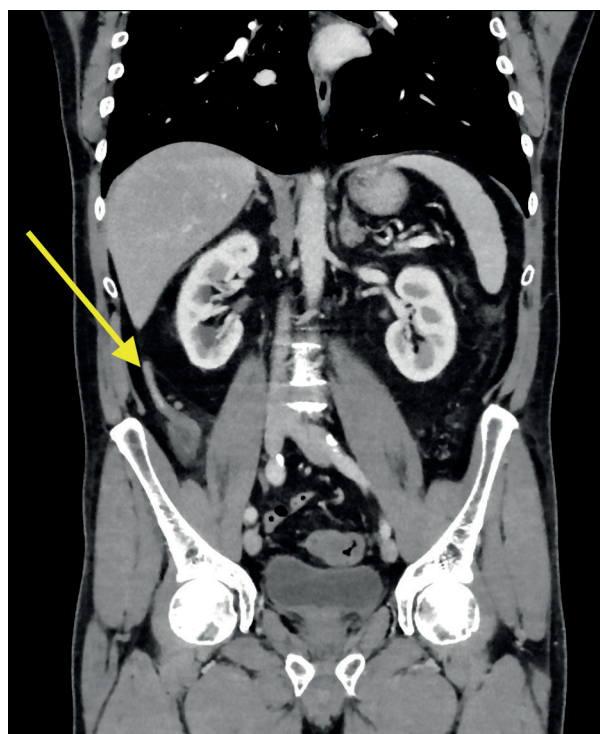


Fig. 1. — CT image on admission with normal appearance of appendix (yellow arrow).

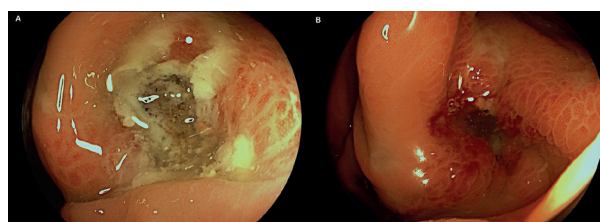


Fig. 2. — Panel A : Endoscopic view of appendix base with faecal impaction and surrounding inflammation and pus. Panel B : Endoscopic view of appendix after removal of faeces.

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