A Rare Instance of Tip Appendicitis After Appendectomy

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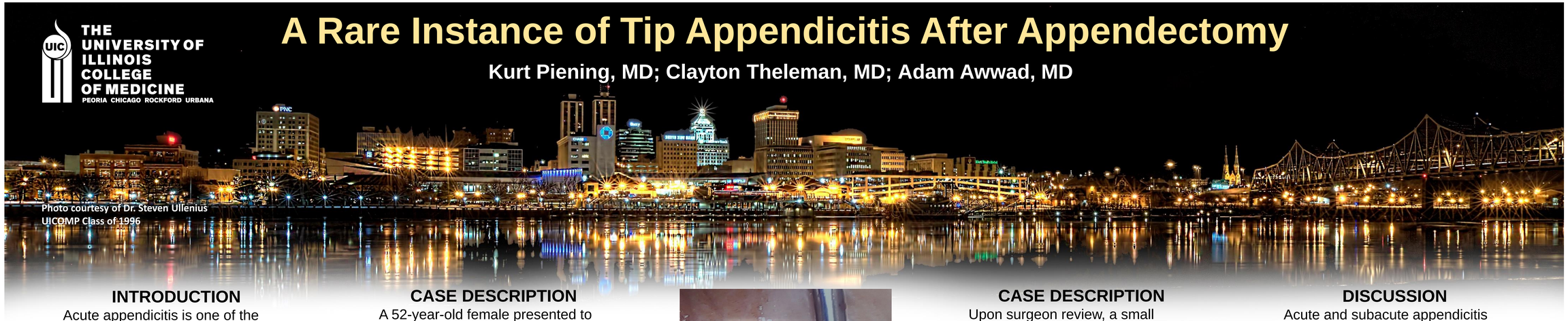


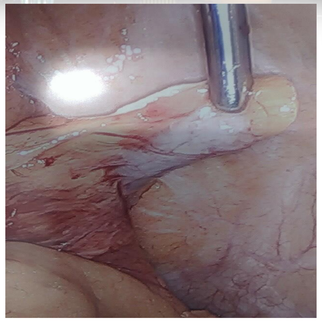
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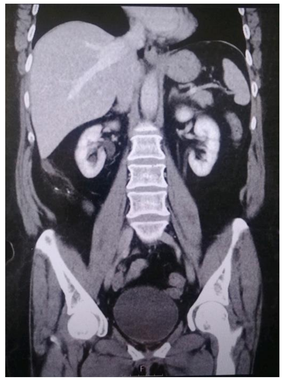
INTRODUCTION

Acute appendicitis is one of the most common surgical conditions accounting for approximately 300,000 annual hospital visits in the USA. As technologic advancements have been made, laparoscopic appendectomy has become the treatment of choice. While safer than the traditional open approach, post-operative complications include wound infection, adhesions, abscesses, and residual stump appendicitis. Presented here is an exceedingly rare case of residual tip appendicitis, diagnosed two months after appendectomy, and successfully treated with completion laparoscopic appendectomy.

CASE DESCRIPTION

A 52-year-old female presented to the Emergency Department two months after a laparoscopic appendectomy with gnawing right upper quadrant, flank, and suprapubic pain beginning 8 hours earlier. She reported having similar intermittent pain since the operation. She noted worsening nausea, but denied any vomiting, fevers, or chills. Physical exam revealed tenderness to palpation in the right mid-abdomen, lower quadrant, and suprapubic region. She had a leukocytosis of 15.8 with left shift. An abdominal CT demonstrated a 6 mm tubular structure in the right paracolic gutter, non-communicating to the cecum, with adjacent fat stranding. Cecum and mesoappendix staple lines were consistent with appendectomy.





CASE DESCRIPTION

Upon surgeon review, a small segment of mesentery traveling from the ileocolic junction toward the tubular structure was visualized on arterial phase. A diagnosis of tip appendicitis was made, and the patient was taken to the OR for completion appendectomy. Laparoscopy revealed an inflamed appendiceal tip in the right paracolic gutter with an intact mesenteric blood supply, and completion appendectomy was performed without complication. The patient was discharged the next morning following resolution of pain and leukocytosis. Pathology of the specimen confirmed the diagnosis of acute appendicitis with transmural inflammation.

DISCUSSION

Acute and subacute appendicitis after incomplete appendectomy remains rare but is increasingly reported following appendectomy. Long appendiceal stump is typically the culprit, and has been noted surgical literature, but there have been few reported cases of appendicitis secondary to retained appendiceal tip. The time interval between operations can range between months to a decade. Diagnosis can happen via radiography, and the CT performed here demonstrated a vascular supply, decreasing time to surgery. In conclusion tip appendicitis following appendectomy should remain on the laparoscopic surgeon's differential diagnosis.

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