

Case Report

Painful, Tender Loin Mass is an Atypical Presentation of Perforation of Retrocaecal Appendix - A Case Report

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Abstract

Right painful, tender loin mass is an unusual presentations of acute appendicitis that arises difficulty in surgical practice. This "case of right painful, tender loin mass results from perforation of retrocaecal appendix with known case of diabetes mellitus patient 50 years old age. This case facilitates the significance of contrast for abdominal computerized tomography scan for critically ill patient.

Keywords: Appendicitis, loin abscess, computerized tomography scan

INTRODUCTION

Appendicitis is disease frequently encountered in surgical practice, painful loin mass is a one of the unusual presentations that's results from perforation of retrocaecal appendix. Appendicitis it is usually diagnosed and managed easily with a low morbidity and mortality; However, a missed diagnosis can sometimes lead to life-threatening complications.

CASE HISTORY

A 50-year-old male diabetic admitted into the Emergency department at Dhaka Medical College Hospital with a one-month history of right loin pain and a couple week history of skin redness and also swelling for same time. There was no abdominal symptoms but history of slight loss of appetite and loss of weight about 3-4kg over the last 3 months. Past medical history was positive for osteoarthritis and lower limb atherosclerotic occlusive arterial disease. The patient was taking Cardiovascular drugs valsarten, ace inhibitor, statin group and no history

of hypersensitivity to drugs or foods. Vital signs were normal. Abdominal and rectal examinations were not remarkable. There was a 4x4 cm painful, tender loin mass evident in the right lumbar region.

Hematological investigations revealed an leucocytosis, WBC 19.9 cumm/dl, glucose 18 mmol HbA1c 11, albumin 30 mg/dl, ESR 70 and CRP 360, Urea 40 mg/dl, other blood and urine tests and plain x-rays of the chest and abdomen were normal. Intravenous ciprofloxacin, erythromycin and a glucose/ potassium insulin infusion were commenced. Contrast abdominal CT-scan showed that a inflam-matory mass with surrounding fat stranding and also showed that there was communication through lumbar triangle to sub-cutaneous tissue and air-fluid level was identified also.



Figure 1: An inflammatory retrocaecal mass, with surrounding fat stranding. Gas bubbles are evident in the lumbar musculature.

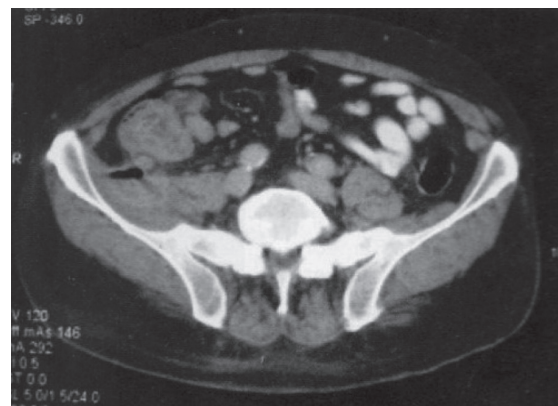


Figure 2: An air-fluid level within the lumbar musculature

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During Operation, there was no intra-abdominal contamination. Perforated retrocaecal acute appendix was found. Appendicectomy was done. Peritoneal cavity wash was given with warm normal saline. Abdomen was closed layer by layer than drain tube was kept in situ. An abscess cavity and tract was seen to extend posteriorly through the lumbar musculature into the subcutaneous tissues, the tract extending to the retro peritoneum was debrided and curetted and the wound left open. Appendices was sent for histopathological exam and subsequently pus was sent for culture and sensitivity the separately submitted skin and debrided subcutaneous tissue was sent for confirmation of the infection. Intravenous metro-nidazole was added to the antibiotic regimen.

Microbiology revealed that slight growth of gram negative rods and moderate growths of Gram positive cocci and anaerobes. Histopathology showed that appendicitis with suggestive fat necrosis and also showed that extensive acute and chronic inflammation, with focal abscess formation and widespread fat necrosis.

The patient made an uneventful recovery. He was reviewed by the diabetic specialist and commenced on an oral hypoglycaemic agent. The significant loin wound was dressed with a VAC device (Figure 3). The patient made a full recovery.

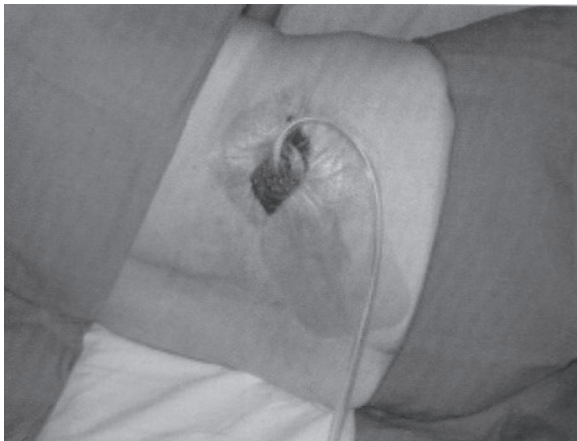


Figure 3: Vacuum assisted closure device in place illustrating the site

DISCUSSION

This case was presented with three atypical features, which make the diagnosis difficult: the patient's age, the protracted clinical course and the absence of abdominal signs. Radiological investigation with abdominal CT greatly assisted diagnosis.

Appendicitis is infrequent in patients over 50 years of age, although the incidence in the elderly is reported to be increasing.

This patient had a three-month history of anorexia and weight loss. Presumably these symptoms are explained by the presence of diagnosed diabetes. The likely onset of appendicitis was one-month ago, prior to admission when the patient first developed right loin symptoms. The patient had no abdominal symptoms at that time, presumably due to the localisation of the perforation into the lumbar musculature.

Literature reveals several unusual presentations of retrocaecal appendicitis including perirenal abscesses and very rarely as an appendico-cutaneous fistula, thigh abscesses. Although necrotising fasciitis is rarest one of the most complication but it may predesposes in DM patient, drugs, malnutrition and immunocompromised. In this case, our patient was presented with known case of diabetes mellitus.

Morbidity in acute appendicitis depends on time of diagnosis time, type of presentations to delay of diagnosis leading to perforation, and this can often occur as a result of atypical presentation. As mortality in acute appendicitis increases six fold with perforation, and as complications are twice as likely in the elderly, the favorable outcome in this case is gratifying. This was greatly facilitated by CT scanning, which was a major adjunct to prompt diagnosis. This investigation should be considered in high index of suspicion in or around the abdomen. Report that this case with abscess formation may be helpful for diagnosis and treatment of pt because this the natural passage or way of communication for spreading of intra-abdominal infection to subcutaneous tissue of posterior wall. Early recognition of an abdominal source of sepsis with appropriate treatment can improve survival.

CONCLUSION

Right loin abscess is one of the differential diagnosis of spreading cellulitis in or around the abdomen. The present case emphasizes the advantage of abdominal CT in an elderly patient as an atypical presentation of acute appendicitis with no abdominal symptoms.

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