

A Case Report on Anterior Sub hepatic Appendicitis: a Rare Diagnosis

Dr. Devendra K Prajapati¹, Dr. Kapil Rampal², Dr. Amol Singhal³

Senior Resident (General Surgery), Deendayal Hospital, New Delhi 110064, India

*Corresponding author

Dr. Devendra K Prajapati

Email: dr.dev1982@gmail.com

Abstract: Appendix is abdominal organ having great significance in emergency surgery. Retrocecal appendix is common but we report a rare case of Sub hepatic Appendicitis in a 13 year old child with with complain of pain in right half of abdomen, anorexia, nausea for 2 day. In radiological investigation USG showed acute appendicitis but site not defined as sub hepatic as hepatic appendix is rare condition and cause of delay in diagnosis. This may be the cause of certain complications like perforation, abscess, sepsis etc.

Keywords: Appendicitis, Sub hepatic appendix, Appendicectomy, Difficult appendix, Sub diaphragmatic abscess.

INTRODUCTION

Appendix is abdominal organ having great significance in emergency surgery. It shows variable locations and causes dilemma in diagnosis and lead to complications [1]. Many variations of appendix, out of them retrocecal appendix is commonest. We find out sub hepatic appendix which is rare in around 0.08 % [2].

Acute appendicitis is most common surgical emergency. Commonest position find is retrocecal where sub hepatic appendix is a rare variant of a common surgical emergency and leads to delayed diagnosis [3]. Failure to diagnosed timely, results in complications like appendicular perforation, subhepatic or sub diaphragmatic abscess formation etc.

CASE PRESENTATION

A 13year old child came to emergency department with complain of pain in right half of abdomen, anorexia, nausea for 2 day. No history of fever, loose motion, constipation, burning micturation. No history of any comorbidity and previous surgery.

On examination patient general condition was good, no pallor, jaundice or lymphadenopathy, vitals were normal, per abdomen examination showed tenderness in right lumbar and right hypochondrium, with guarding and rebound tenderness. Rest of abdomen is soft and non-distended. All blood investigation was normal except TLC raised upto 12000. Radiological investigation USG showed acute appendicitis but site not defined as sub hepatic.

Patient planned appendectomy via mcburneys incision, during surgery it was very difficult to find out location of appendix. After duration of

search incision extended laterally then tip of appendix became visible and on retraction of muscle whole of appendix running up to liver suggestive of anterior sub hepatic appendix with inflammatory changes. Appendectomy done with drain placement and post period was uneventful.

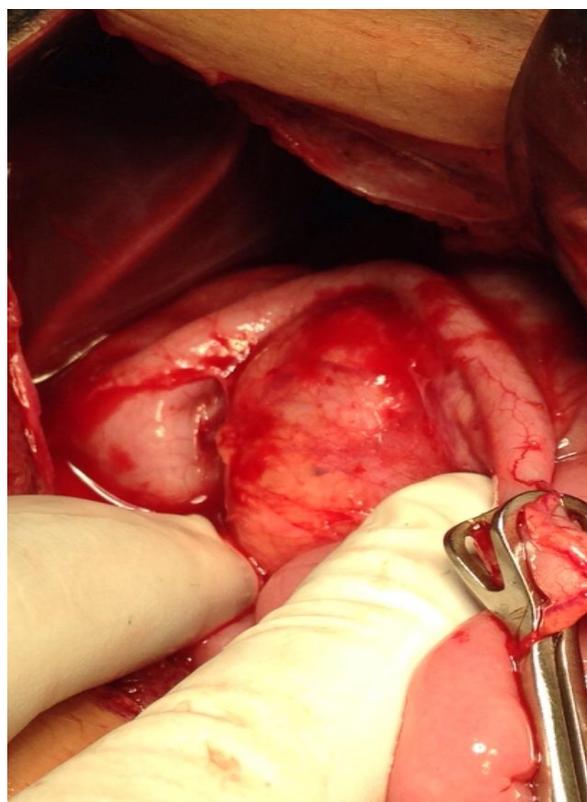


Fig 1: Anterior Sub hepatic Appendicitis with appendix held with Babcock forceps below right lobe of liver

DISCUSSION

Appendix always having their variable locations. Common locations are in decreasing order 1. Retrocecal 2. pelvic 3. Subcecal 4. Preileal 5. postileal 6. Sub hepatic. Appendix first find out by King in 1955 [4]. In developmental stage appendix and caecum developed from common caecal bud of mid gut. Sub hepatic appendix found due to failure of descent of caecum [5]. In 1911, Smith had found failure of descent of the caecum in 6% of 1050 infants in autopsy [7]. whenever appendix found in sub hepatic or shifted position, it simulate condition of cholecystitis, ureteric colic etc. [4]. Sub hepatic appendicitis is very rare, In study by palanivelu *et al.*; in 7210 patients only 0.08% cases of sub hepatic appendix is reported and most of them are retrocecal. We find out an anterior sub hepatic appendicitis which is rarest [2].

CONCLUSION

To conclude that sub hepatic appendix is rare condition and cause of delay in diagnosis. This may be the cause of certain complications like perforation, abscess, sepsis etc.

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