

Appendicular Volvulus without Necrosis on Appendicular Tumor: A Rare Case Report

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Abstract

Case Report

We report a case of volvulus of the appendix on appendicular tumor without necrosis. Pathological examination confirmed a bilharzian granuloma. We retained the preoperative diagnosis of an appendicular abscess. Our aim is to draw the attention of surgeons to the existence of other rare anatomopathological forms of appendicitis.

Keywords: Appendicular volvulus, appendicular tumor, bilharzian granuloma.

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INTRODUCTION

Appendicitis is the first cause of acute abdominal surgery. There are several anatomopathological forms. Among these anatomopathological forms we have rare forms and still very rare forms. The tumoral forms are described [2], we have forms with volvulus of the cecum [3]. Cases of appendicular volvulus secondary to a mucocele are described in the literature [1].

We report here a very rare case of appendicular volvulus on tumor of the appendix.

OBSERVATION

This was a 19 year old patient who was referred by a local clinic for an appendicular abscess. On admission, the patient presented with pain in the right iliac fossa that started about three days ago, progressively increasing in intensity without any triggering factor, periodically calmed by analgesics, without radiation and accompanied by fever, early food vomiting and diarrhea.

The physical examination found positive signs of Blumberg, Rovsing and Psoitis, a mass with little mobility in relation to the superficial and deep planes, painful with localized defense, without fluctuation or shielding or local heat.

The ultrasound performed objectified an appendicular abscess. The diagnosis of appendicitis was retained, hence the decision to perform surgery.

During the operation, we made a Mac Burney incision. On opening, we found a volvulus of the appendix in double spiral without necrosis with a tumor at the top of the appendix (cf Fig 1). The rest of the exploration did not find any sign of invasion. A devolvulation was performed (cf Fig 2) followed by an appendectomy without burying the appendicular stump.

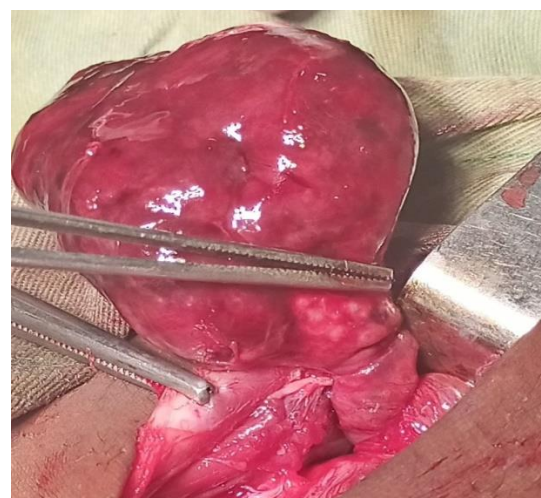


Figure 1: Devolvulated appendix

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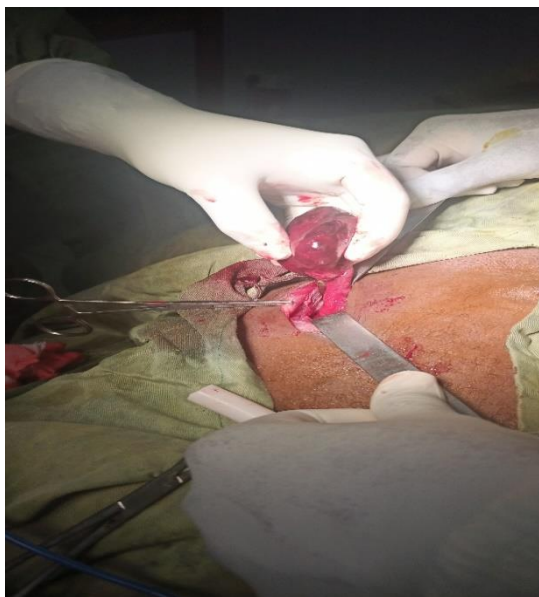


Figure 2: After devolvulation

The postoperative course was simple, and the patient was discharged from the hospital on day 4.

Anatomopathological examination of the surgical specimen revealed a phlegmonous appendicitis on bilharzian granuloma.

Comments:

Appendicitis is a frequent pathology, it is the first cause of surgical acute abdomens with possible complications.

Carcinogenesis of the appendix is very rare. The volvulus of the cecum (3) has been described by many authors but that of the appendix is exceptional.

There are multiple tumor etiologies. In our geographical context of a tropical zone, we believe that bilharzia would be associated with their appearance. Awareness campaigns and systematic deworming would be necessary to prevent their occurrence.

CONCLUSION

Appendicitis is frequent in various forms. Our specific case of appendicular volvulus on appendicular tumor remains very rare and very little described in the literature.

Conflict of Interest: None.

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