

Incidental Finding of Chronic Appendicitis

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Abstract

Case Report

Chronic appendicitis is a rare, often overlooked condition, with minimal and vague clinical presentation, and sub-normal lab values. We report the case of a 24-year-old male who presented with intermittent right upper quadrant pain evolving for five months. Computed tomography (CT) imaging showed signs of appendicitis.

Keywords: Chronic appendicitis, Computed tomography (CT), inflammation, recurrent appendicitis.

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INTRODUCTION

Recurrent and chronic presentations of appendicitis are far less common than acute appendicitis, some estimates, suggest an incidence of 1% to 1.5% of all cases of appendicitis [1]. It is characterized by recurrent episodes of inflammation and is often associated with milder symptoms compared to acute appendicitis.

CASE PRESENTATION

A 24-year-old male complained of recurrent and chronic mild abdominal pain localized in the right upper quadrant pain evolving for over five months, during this period he recalled five episodes of acute pain lasting one to two days and resolving spontaneously. Patient denies any episodes of fever, nausea, vomiting or diarrhea.

On presentation, the patient was afebrile, with a soft abdomen, no palpable masses or tenderness. White blood count and c reactive protein levels were within normal range.

The patient underwent non contrast abdominal Ct scan for suspicion of renal lithiasis, imaging found a thickened and elongated appendix, containing a large appendicolith with peri-appendiceal fat stranding (Fig 1). Ultrasound noted a thickened appendix with appendicolith, increased surrounding fat echogenicity and loss of the normal compressibility (Fig 2).

Patient was referred to surgery, and underwent surgical appendicectomy, pathology came back positive for chronic appendicitis.

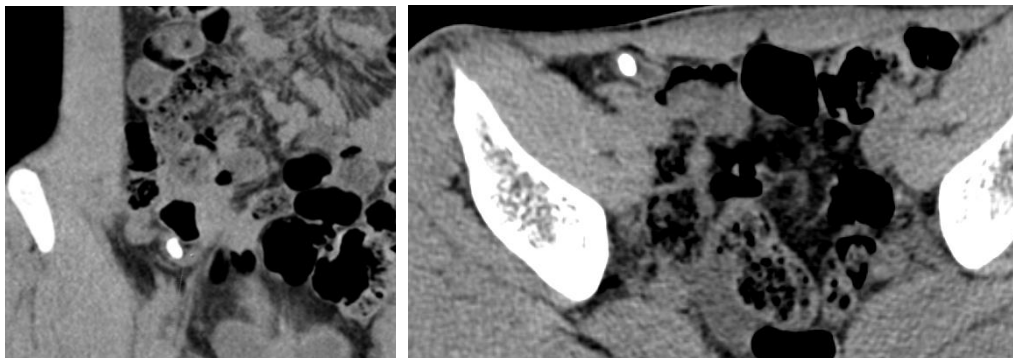


Figure 1: Axial and coronal computed tomography view of the pelvis showing a dilated appendix (white arrow) with appendicolith, and no fluid collection, or abscess

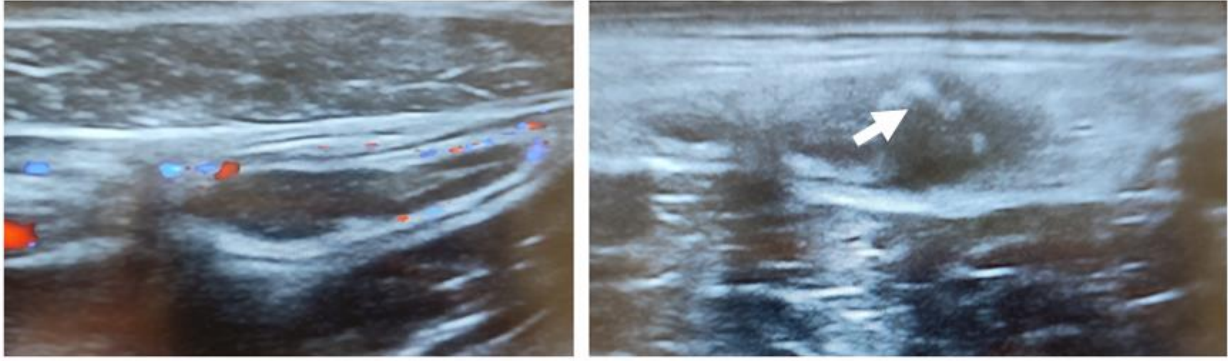


Figure 2: Ultrasound showing dilated incompressible appendix with appendicolith and hyperemia

DISCUSSION

Chronic and or recurrent appendicitis, has been a matter of debate for decades, Mattei *et al.*, (1994) concluded that “acute appendicitis can resolve spontaneously and recur repeatedly in the same individual” [2, 3].

Some common features of chronic and recurrent appendicitis include use of antibiotics, milder symptoms compared to acute appendicitis, normal white blood cell count and/or afebrile presentation [4].

Computed tomography (CT) imaging has been suggested in the literature as early as 1998 as a primary method of identifying chronic and/or recurrent appendicitis [5]. Several case reports in the literature suggest that in addition to patient presentation, CT findings can help identify chronic and/or recurrent appendicitis with features such as minimal inflammatory stranding of the peri appendiceal fat and thickening of the mid-portion of the appendix.

CONCLUSION

Chronic appendicitis is a rare condition that is difficult to identify and is often initially misdiagnosed due to its atypical and/or milder presentation in comparison to acute appendicitis.

CT imaging has been shown in several reports, as well as in our case, to greatly assist in the identification of chronic appendicitis.

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