

An Endoscopic Diagnosis Of Appendicular Intussusception In Chronic Appendicitis

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ABSTRACT

We report a rare case of chronic appendicitis causing recurrent intussusception in a 33-year-old man who had recurrent episodes of right iliac fossa pain diagnosed clinically and confirmed by colonoscopy. This is the first known case with the rare combination diagnosed endoscopically.

Keywords: appendicular intussusception, chronic appendicitis

INTRODUCTION

Since the first report by McKidd in 1858⁽¹⁾, 200 cases of appendicular intussusception have been reported, and is thought to be present in 0.01% of the population⁽²⁾. Chronic appendicitis as an entity is controversial but probably exists⁽³⁻⁶⁾.

We present a case in which chronic appendicitis resulted in recurrent appendicular intussusception.

CASE REPORT

A 33-year-old-Chinese man presented with an 8-month history of recurrent iliac fossa pain and mass. Bowel habits were normal. There was no other medical history of note.

Clinical examination revealed a rounded right iliac fossa mass.

Colonoscopy confirmed the diagnosis of an appendicular intussusception. The right iliac fossa mass appeared when suction was applied through the colonoscope in the caecum and the appendix was seen to intussuscept. The mass disappeared with air insufflation. Biopsies of the appendicular orifice showed normal caecal mucosa.

A right hemicolectomy was performed. Post-operative recovery was uneventful and the patient had remained well after one year. Histology showed extensive areas of induration in the periappendiceal fat. The appendix showed chronic inflammation, with extensive fibrosis between the appendix and the caecum.

DISCUSSION AND CONCLUSION

Appendicular intussusception is four times more common in males and may occur at any age with the mean age of 16 years⁽⁹⁾. Most cases are associated with appendicular pathology like carcinoma, mucocele or endometriosis. Because of the possibility of malignancy, the treatment of choice is surgery. Absence of tumour on colonoscopic biopsy and histology does not exclude malignancy. In addition, as in this case, there is often a mass effect found at the time of surgery. A formal hemicolectomy is therefore the best option.

This is the first report of chronic appendicitis causing intussusception. In addition, we were able to reproduce the intussusception and reduce it colonoscopically in our patient. Although anecdotal, the case emphasizes the benefit of endoscopy in the workup of chronic right iliac fossa pain.

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