A Case of Chronic Appendicitis

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There is no more of an anathema to the physician than the patient with a complaint of chronic pain. Exploratory laparotomy is frequently unproductive and avoided by the experienced surgeon whenever possible. This case illustrates a successful outcome in treating a patient with chronic abdominal pain. The diagnosis was based on significant, persistent physical findings, and confirmed by barium enema examination.

CASE REPORT

A 30-year-old woman was evaluated for right lower quadrant abdominal pain. She had had this pain for two years and characterized it as a dull, intermittent ache that lasted several days and recurred frequently. She had no other symptoms, and denied fever, nausea, vomiting, change in bowel habits, or any relation of the attacks of pain to her menses. Physical examination demonstrated pain in the right lower quadrant with minimal guarding and no rebound tenderness. Pelvic examination suggested a cystic mass on the right, which was confirmed by sonography as being an ovarian mass. The patient underwent exploratory laparotomy and a right salpingo-oophorectomy was performed. The appendix was not inspected. The pathology report described an ovary with a lutein cyst.

The patient recovered uneventfully, but her pain syndrome recurred. She was referred to a pain clinic for biofeedback therapy. After three months of biofeedback she had no relief of symptoms and was referred for a surgical consultation. Examination showed a slightly obese woman with right lower quadrant pain that was localized at McBurney's point. The remainder of the examination was unremarkable. Laboratory examination showed a white blood cell count of 5.6×10^3/mL with 58 polymorphonuclear leukocytes and 1 band form. Erythrocyte sedimentation rate was 32 mm/h and urinalysis was normal. Barium enema was then performed, which showed incomplete filling of the vermiform appendix and a skip area consistent with a fecalith (Figure 1).

The patient underwent exploratory laparotomy through a right lower quadrant incision, and an appendix containing a fecalith was found and removed. Pathologic examination of the specimen demonstrated a fibrous obliteration of the appendiceal lumen, with engorgement of the vessels along the serosal surface and areas of stromal hemorrhage.

The patient remained well six months postoperatively; she had no recurrence of her pain syndrome.

COMMENT

Classic appendicitis with well-localized right lower quadrant abdominal pain, fever, and leukocytosis is frequently seen and readily diagnosed. The patient with chronic recurrent right lower quadrant pain remains a difficult problem. The case presented here represents the successful outcome of the treatment of a patient with chronic recurrent abdominal pain and provides two important points.

If persistent, well-localized right lower quadrant abdominal pain is highly significant. Localized pain is a key finding both in classical appendicitis and in the evaluation of the patient with a chronic abdominal complaint.

Second, the patient had radiographic evidence to support the physical findings in this area. As in other published studies, the barium enema examination has been extremely valuable in the evaluation of the patient with possible chronic recurrent appendicitis.

This report does not recommend that exploratory laparotomy be carried out routinely in patients with chronic abdominal pain. When there is substantiating

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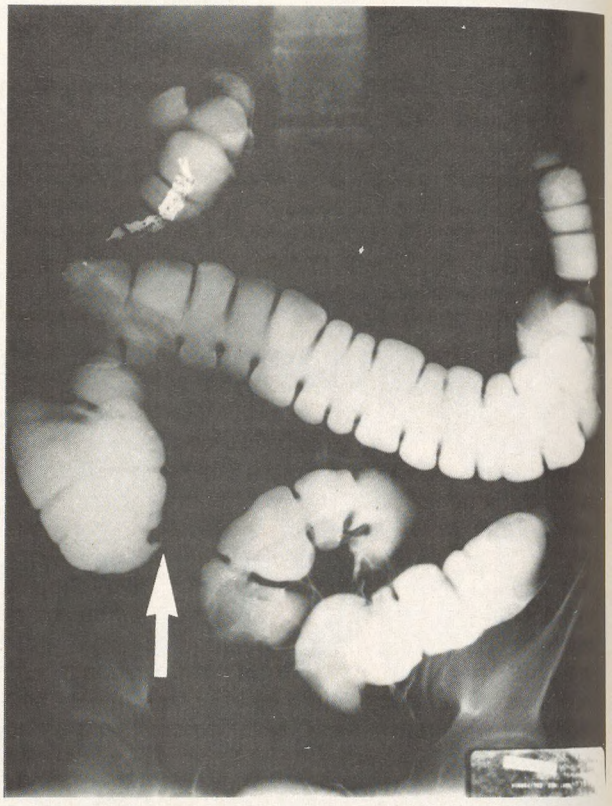

Figure 1. Arrow denotes skip area of appendix on barium enema examination

evidence, such as a barium enema abnormality as in this case, however, exploration can be productive. When exploration is carried out for a complaint of chronic abdominal pain, attention must be given to a complete evaluation of all the intraabdominal contents, so that pathologic conditions of all the related organs systems are not overlooked.

Suggested Reading

1. Grossman EB: Chronic appendicitis. Surg Gynecol Obstet 1978; 146:596-598
2. Demos TC, Moncada R: Inflammatory gastrointestinal disease presenting as genitourinary disease. Urology 1979; 13:115-121