

## 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  $5.6 \times 10^3/\text{mL}$  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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# SINEQUAN® (doxepin HCl)

## BRIEF SUMMARY

### SINEQUAN® (doxepin HCl) Capsules/Oral Concentrate

**Contraindications.** SINEQUAN is contraindicated in individuals who have shown hypersensitivity to the drug. Possibility of cross sensitivity with other dibenzoxepines should be kept in mind.

SINEQUAN is contraindicated in patients with glaucoma or a tendency to urinary retention. These disorders should be ruled out, particularly in older patients.

**Warnings.** The once-a-day dosage regimen of SINEQUAN in patients with intercurrent illness or patients taking other medications should be carefully adjusted. This is especially important in patients receiving other medications with anticholinergic effects.

**Usage in Geriatrics:** The use of SINEQUAN on a once-a-day dosage regimen in geriatric patients should be adjusted carefully based on the patient's condition.

**Usage in Pregnancy:** Reproduction studies have been performed in rats, rabbits, monkeys and dogs and there was no evidence of harm to the animal fetus. The relevance to humans is not known. Since there is no experience in pregnant women who have received this drug, safety in pregnancy has not been established. There are no data with respect to the secretion of the drug in human milk and its effect on the nursing infant.

**Usage in Children:** The use of SINEQUAN in children under 12 years of age is not recommended because safe conditions for its use have not been established.

**MAO Inhibitors:** Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with SINEQUAN. The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

**Usage with Alcohol:** It should be borne in mind that alcohol ingestion may increase the danger inherent in any intentional or unintentional SINEQUAN overdose. This is especially important in patients who may use alcohol excessively.

**Precautions.** Since drowsiness may occur with the use of this drug, patients should be warned of the possibility and cautioned against driving a car or operating dangerous machinery while taking the drug. Patients should also be cautioned that their response to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy. Prescriptions should be written for the smallest feasible amount.

Should increased symptoms of psychosis or shift to manic symptomatology occur, it may be necessary to reduce dosage or add a major tranquilizer to the dosage regimen.

**Adverse Reactions. NOTE:** Some of the adverse reactions noted below have not been specifically reported with SINEQUAN use. However, due to the close pharmacological similarities among the tricyclics, the reactions should be considered when prescribing SINEQUAN.

**Anticholinergic Effects:** Dry mouth, blurred vision, constipation, and urinary retention have been reported. If they do not subside with continued therapy, or become severe, it may be necessary to reduce the dosage.

**Central Nervous System Effects:** Drowsiness is the most commonly noticed side effect. This tends to disappear as therapy is continued. Other infrequently reported CNS side effects are confusion, disorientation, hallucinations, numbness, paresthesias, ataxia, and extrapyramidal symptoms and seizures.

**Cardiovascular:** Cardiovascular effects including hypotension and tachycardia have been reported occasionally.

**Allergic:** Skin rash, edema, photosensitization, and pruritus have occasionally occurred.

**Hematologic:** Eosinophilia has been reported in a few patients. There have been occasional reports of bone marrow depression manifesting as agranulocytosis, leukopenia, thrombocytopenia, and purpura.

**Gastrointestinal:** Nausea, vomiting, indigestion, taste disturbances, diarrhea, anorexia, and aphthous stomatitis have been reported. (See anticholinergic effects.)

**Endocrine:** Raised or lowered libido, testicular swelling, gynecomastia in males, enlargement of breasts and galactorrhea in the female, raising or lowering of blood sugar levels, and syndrome of inappropriate antidiuretic hormone have been reported with tricyclic administration.

**Other:** Dizziness, tinnitus, weight gain, sweating, chills, fatigue, weakness, flushing, jaundice, alopecia, and headache have been occasionally observed as adverse effects.

**Withdrawal Symptoms:** The possibility of development of withdrawal symptoms upon abrupt cessation of treatment after prolonged SINEQUAN administration should be borne in mind. These are not indicative of addiction and gradual withdrawal of medication should not cause these symptoms.

**Dosage and Administration.** For most patients with illness of mild to moderate severity, a starting daily dose of 75 mg is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg/day to 150 mg/day.

In more severely ill patients higher doses may be required with subsequent gradual increase to 300 mg/day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg/day.

In patients with very mild symptomatology or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg/day.

The total daily dosage of SINEQUAN may be given on a divided or once-a-day dosage schedule. If the once-a-day schedule is employed the maximum recommended dose is 150 mg/day. This dose may be given at bedtime. **The 150 mg capsule strength is intended for maintenance therapy only and is not recommended for initiation of treatment.**

Anti-anxiety effect is apparent before the antidepressant effect. Optimal antidepressant effect may not be evident for two to three weeks.

### Overdosage.

#### A. Signs and Symptoms

1. Mild: Drowsiness, stupor, blurred vision, excessive dryness of mouth.  
2. Severe: Respiratory depression, hypotension, coma, convulsions, cardiac arrhythmias and tachycardias.

Also: urinary retention (bladder atony), decreased gastrointestinal motility (paralytic ileus), hyperthermia (or hypothermia), hypertension, dilated pupils, hyperactive reflexes.

#### B. Management and Treatment

1. Mild: Observation and supportive therapy is all that is usually necessary.  
2. Severe: Medical management of severe SINEQUAN overdose consists of aggressive supportive therapy. If the patient is conscious, gastric lavage, with appropriate precautions to prevent pulmonary aspiration, should be performed even though SINEQUAN is rapidly absorbed. The use of activated charcoal has been recommended, as has been continuous gastric lavage with saline for 24 hours or more. An adequate airway should be established in comatose patients and assisted ventilation used if necessary. EKG monitoring may be required for several days, since relapse after apparent recovery has been reported. Arrhythmias should be treated with the appropriate antiarrhythmic agent. It has been reported that many of the cardiovascular and CNS symptoms of tricyclic antidepressant poisoning in adults may be reversed by the slow intravenous administration of 1 mg to 3 mg of physostigmine salicylate. Because physostigmine is rapidly metabolized, the dosage should be repeated as required. Convulsions may respond to standard anticonvulsant therapy, however, barbiturates may potentiate any respiratory depression. Dialysis and forced diuresis generally are not of value in the management of overdose due to high tissue and protein binding of SINEQUAN.

More detailed professional information available on request.

**ROERIG** Pfizer

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## CHRONIC APPENDICITIS

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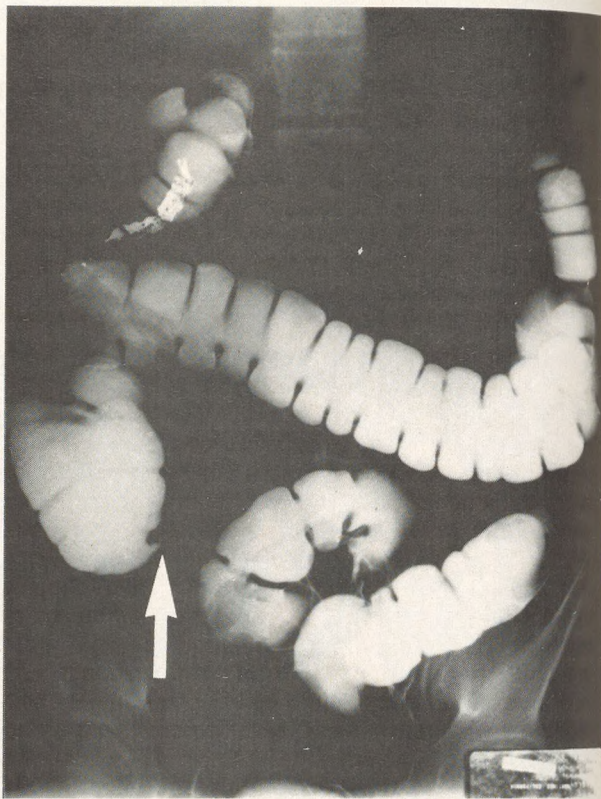


Figure 1. Arrow denotes skip area of appendix on barium enema examination

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