

Case 66

Yet another mass in the right iliac fossa



Figure 66.1

A previously healthy young man of 23 years, a supermarket assistant, was brought by taxi to the Emergency Department with a 5-day history of abdominal pain. When the casualty officer took a detailed history, this revealed that the pain had started in the centre of the abdomen, but had moved to the right lower quadrant after a few hours, and there it had remained. He had felt nauseated and had vomited several times on the first day, but although anorexic, had not vomited or felt sick since then. He had not had a bowel movement although he passed flatus frequently. He had remained in bed at home, looked after by his mother and living on cups of tea. He had put all this down to 'gastric flu' or something he had eaten, but as it did not seem to be getting better, both he and his mother thought they should seek medical advice. Functional enquiry was otherwise negative.

On examination, he was obviously in pain, and did not like moving around on the examination couch, but he looked reasonably well and was not clinically anaemic. His temperature was 38.8°C, pulse 90 beats/min and tongue coated and dry. Palpation of the abdomen detected an obvious tender mass in the right iliac fossa, which was marked out with a felt tip pen and is shown in Fig. 66.1.

The rest of the

abdomen was soft and not tender; normal bowel sounds were present. Rectal examination revealed a loaded rectum, but nothing else.

What is the most likely diagnosis?

The story and physical signs are strongly suggestive of an appendix mass. He had suffered an attack of acute appendicitis, which, fortunately, had been sealed off, probably by omentum and adjacent loops of small intestine and had not perforated into the peritoneal cavity.

How would the story have differed if the mass was due to Crohn's disease of the terminal ileum?

Crohn's disease would need to be considered if there had been a history of previous diarrhoea, often with loss of weight.

What common disease would you have to consider in the differential diagnosis if this patient had been 73 and not 23 years old?

Carcinoma of the caecum, although this rarely occurs in young adults. Appendicitis does occur in the elderly, but tends to progress to perforation rather than formation of a mass; the same is true in young children.

What is the management of an appendix mass?

Treatment is initially conservative. Further delineation of the mass can be made using ultrasound or CT (Fig. 66.2). The mass is outlined on the skin, as has been done in this case, and its size is carefully and repeatedly observed, together with the patient's general condition, pulse and temperature. The patient is put on bed rest and allowed fluids only by mouth. Antibiotics, such as metronidazole, are prescribed.

In the majority of cases, about 80%, the mass resolves.

Part 2: Cases

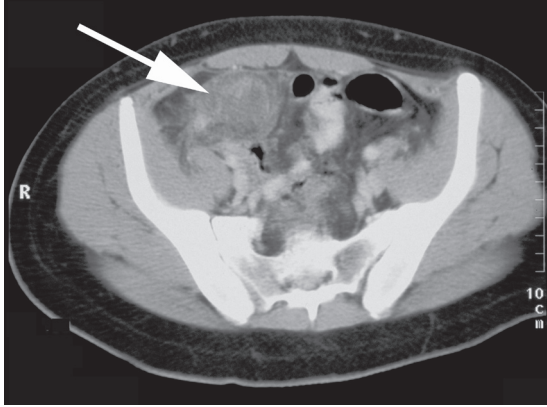


Figure 66.2 CT scan illustrating an appendix mass (arrowed).

In some pyrexia continues and the mass enlarges with abscess formation. Under these circumstances the abscess is drained surgically, either by open operation or percutaneously under imaging control. At this procedure, no attempt is made to remove the appendix, which would be difficult, dangerous and very likely to contaminate the peritoneal cavity.

What subsequent treatment is advised?

Whether resolution occurs or the abscess requires drainage, appendicectomy is carried out 2 or 3 months later – the interval allows the inflammatory condition to settle completely. This is to prevent the risk of a further attack of acute appendicitis.

In this patient, resolution took place quite rapidly over the next few days. Interval appendicectomy removed a small, deformed appendix buried in adjacent omentum.