

# Abdomen: A Pandora's Box that Never Fails to Surprise Us

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## ABSTRACT

**Background:** The emergency department (ED) is a place where there is an encounter of various surgical and medical emergencies. However, timely diagnosis and early treatment are paramount for good outcomes. Here we present an interesting case of abdominal pain who underwent laparoscopic appendectomy later diagnosed with stump appendicitis.

**Case summary:** A 28-year-old male presented to ED with complaints of right lower abdominal pain for 2 days which was sudden in onset, intermittent, colicky, non-radiating, no exacerbating and relieving factors nausea and vomiting. History of laparoscopic appendectomy one month back. Family and personal history were insignificant. On arrival, the patient was hemodynamically stable with a pain score of 5/10. On examination, abdomen was soft, non-distended, there were scars over the lower abdomen, tenderness in the right iliac fossa without guarding and rigidity, and bowel sounds were present. Laboratory investigations were suggestive of the total count of 19,990 cells/cumm with a neutrophilic predominance and CRP was 24. The plain radiograph of the abdomen as well as ultrasonography were normal. We proceeded with contrast-enhanced computerised tomography (CECT) of the abdomen which was suggestive of stump appendicitis. A surgical reference was done.

**Discussion:** In the case of stump appendicitis, the time interval for the onset of symptoms could range from 2 weeks to years after appendectomy. Appendectomy is one of the most commonly performed surgical emergencies. Stump appendicitis is one of the rare and delayed complications after appendectomy with a reported incidence of 1 in 50,000 cases. The advantage to ongoing reporting on this relatively rare diagnosis is to continue to raise awareness so it is part of the provider's differential. Prompt recognition is important to lead to early treatment, thus avoiding serious complications like intra-abdominal abscess, intestinal perforation, and peritonitis. Clinically, patients present with signs and symptoms mimicking appendicitis or acute abdomen along with the previous history of appendectomy as seen in our case.

**Conclusion:** By presenting this case, it is highly recommended to consider stump appendicitis as one of the differential diagnoses in patients with a history of appendectomy who present with abdominal pain to avoid detrimental complications due to missed diagnosis.

**Keywords:** Case report, Computerised tomography abdomen, Emergency medicine, Pain.

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## INTRODUCTION

Pain in the abdomen is one of the most common emergencies encountered by an emergency physician. Here we present an interesting case of abdominal pain who underwent an appendectomy and was later diagnosed with stump appendicitis. Stump appendicitis is a rare complication with an incidence of 1 in 50,000 appendectomy cases which can cause detrimental complications and can be life-threatening if missed!<sup>1</sup>

## CASE PROFILE

- 28 year/male.
- History of laparoscopic appendectomy around 1 month back, no other surgical or medical history.
- Right lower abdominal pain since 2 days: Sudden, intermittent, colicky, no aggravating or relieving factors, non-radiating, associated with nausea and 2 episodes of vomiting.
- Vitals-within normal limit with a pain score of 5/10.
- Positive examination findings-tenderness over right iliac fossa without guarding or rigidity.

## COURSE IN EMERGENCY

- Initial treatment with analgesics and IV fluids.
- Point-of-care ultrasound was inconclusive.
- Blood investigations were suggestive of leucocytosis (19,990 cells/cumm) with neutrophilic predominance and CRP of 24.

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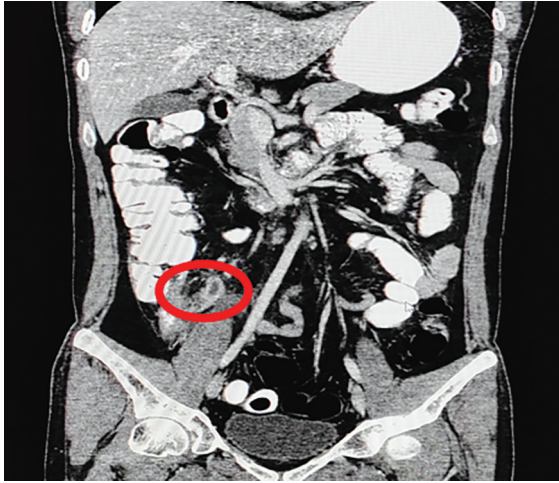
**Conflict of interest:** None

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- A plain radiograph and ultrasound abdomen were inconclusive.
- Contrast enhanced computerised tomography of abdomen diagnosed stump appendicitis.

## DISCUSSION

Stump appendicitis is a rare complication of appendectomy because of recurrent inflammation of the residual appendix.<sup>2</sup> Stump appendicitis can occur mainly in a patient who has undergone either laparoscopic or open appendectomy and may pose a serious diagnostic dilemma. Diagnosis of stump appendicitis can be challenging.<sup>3</sup> Computerised tomography (Fig. 1) of the abdomen is the most commonly used diagnostic modality. Due to a prior surgical history of appendectomy and low index of suspicion, the



**Fig. 1:** Abdomen diagnosed stump appendicitis

diagnosis of stump appendicitis is often delayed which may result in serious complications like stump gangrene, perforation, and peritonitis.

## CONCLUSION

Generally, we don't consider appendicitis as one of the differentials when a patient has a history of appendectomy. By presenting this case, we must recommend considering stump appendicitis as one of the differential diagnoses who present with abdominal pain so as to avoid detrimental complications due to "missed diagnosis".

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