Bangladesh Crit Care J September 2013; 1 (2): 109-110

Case report:

Absent Appendix

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Abstract:

Congenital absence of the vermiform appendix is a rare condition in human that many well-experienced surgeons have never seen. The fact that congenital absence of the vermiform appendix has been reported on several occasions confirms its existence and should be kept in mind. A thorough and meticulous search of the entire ileocecal region and mobilization of the cecum and ascending colon should be carried out before the diagnosis is made. But, it should also be kept in mind that early cessation of appendiceal anlage can result in very tiny ones.

Key Words : *Absent Appendix, Appendix, Appendecial Agenesis.*

Introduction:

The incidence of 'Absent Appendix ' in general population is not known exactly because Appendix is only searched for when a patient presents with symptoms related to that area. Anomalies of the appendix are rare. Appendiceal agenesis is first described by Morgagni in 1718.[1] Incidence of Appendiceal agenesis is 1 of 100,000 laparotomies performed for suspected appendicitis.[1] Our patient presented with typical features of appendicitis and investigations also suggests appendicitis but on Laparotomy appendix was absent.

Case Report:

A married lady of 45 yrs coming from Mirpur, Dhaka was admitted on 3rd July 2012 with complains of right lower abdominal pain for 2 days, fever for 2 days and nausea for same duration. According to the patient's statement she was reasonably well 2 days back, and then she developed pain in the right lower abdomen which was dull aching in nature, gradually spreading to whole abdomen and increasing in intensity. There were no aggravating or relieving factors. Pain was associated with fever and nausea. Fever was low grade which subsided after taking medication. She did not have any vomiting or burning sensation during micturition. She admits similar episodes of pain in the milder form for several times in last 1month. She also had constipation for last 3 days. She is known to have diabetes for last 10 years and high blood pressure for 9 months and Hypothyroidism for 5 yrs. She had her gallbladder removed through open surgery 12 yrs back. She has regular menstrual period with last one about 6 days before admission. She was on levothyroxin, & insulin. On general examination she was mildly anaemic, her vitals were stable & other general examination findings were normal. On examination of abdomen her abdomen was not distended, there was an oblique scar mark present on the right subcostal area. Tenderness, guarding & rigidity were present on superficial palpation over the right lower abdomen, on deep palpation tenderness and rebound tenderness was present over the right iliac fossa. No organomegally was found. On auscultation bowel sound was present. Digital Rectal Examination was unremarkable. Other systemic examinations were within normal limit. A Provisional diagnosis of Acute Appendicitis with DM with HTN with Hypothyroidism was made. Differential Diagnosis was Urinary tract infection or Pelvic inflammatory disease. Laboratory parameters revealed mild anemia and neutrophilic leucocytosis with a total leucocyte count of 12,300/cmm and neutrophil of 82%. Other Biochemical parameters were reasonalbly normal. Her thyroid functions were slightly off limit with a hTSH of 7.32uIU/ml. urine analysis did nt have pyouria and showed occasional RBCs. An ultrasonogram of abdomen was obtained which could reveal any pathology. A decision to do an appendectomy was made for suspected appendicitis. Abdomen was opened by Lanz incision. Appendix was looked for but we could not find it. Caecum was mobilized and the taenia coli was traced to there convergence but appendix was not there. Terminal ileum and adenexa was searched thoroughly to elucidate any pathology but none could be found. Patient improved symptomatically after the surgery and she was discharged home in good health.

Discussion:

In all cases of Laparotomy for suspected appendicitis , if appendix is found to be normal, a general protocol is to look for other sources of infection that might mimic symptoms like that of an acute appendicitis.[2] These include Meckle's diverticulitis. Mesenteric lymphadenitis (more common in children) sulpingophooritis, ovarian cyst and its complication, ruptured ectopic pregnancy etc. In case where appendix is not found readily, the whole caecum must be mobilized completely and taenia coli are to be followed up to the junction where they meet, and the illeo colic region

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has to be carefully examined before appendix is declared to be absent.[2]

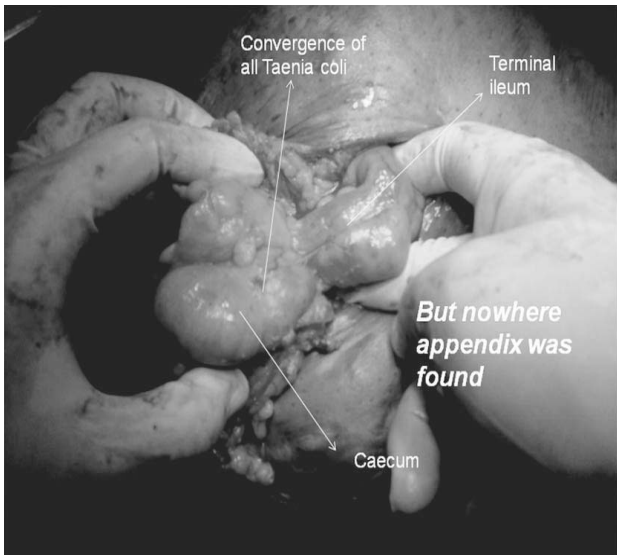

Figure 1: Absent Appendix & Anatomical Landmarks of that region

The possible causes of absent appendix includes Congenital agenesis[3], congenital Atresia[4], Rudimentary appendix where appendix may be so small as to resemble a tubercle[5], Auto amputation of appendix may occur following an infection[6] or appedicular torsion.[6] Last but not the least the cause of absent appendix can simply be its removal in a previous surgery, and may be misleading if history is not taken properly or due to poor medical record keeping.

Conclusion:

Absent appendix is a rare condition. In many of such cases the cause of symptoms mimicking appendicitis is not found.[7, 8] Like in our case in spite of through medical history and searching on Laparotomy no other pathology was found that can cause symptoms like appendicitis. So from where the symptom arises remains an enigma.

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