TORSION OF APPENDIX
CASE REPORT

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INTRODUCTION

Macroccele of appendix is a rare presentation, cause being extrinsic stricture due to fibrous band or hypertrophy of lymphoid tissues. Distention of appendix due to twist of appendix along its mesentery is extremely rare. The purpose of presenting this case is to bring this on record.

Patient was admitted in our unit with pain abdomen, more in the right iliac fossa and right hypochondrium. Clinically patient showed a vague mass in right iliac fossa. Total leukocytic count was raised with ultrasound findings of soft tissue mass right iliac fossa. On exploration appendix was found tremendously swollen, oedematous near to burst due to twist in its mesentery around its long axis. Mesentery was untwisted appendectomy performed, patient stayed for three days post operatively and recovery was uneventful.

CASE REPORT

A young man, aged 35 years, was admitted in our unit with chief complaints of pain abdomen. Pain started abruptly, one day ago, slightly increased with passage of time, patient used hyosine and oral narcotics at night and pain was relieved for time being. He was then rushed to A&E Department early in the morning where after initial treatment, he was shifted to our unit. On arrival, patient had pain right iliac fossa and right hypochondrium, he was anorexic, vomited once, feeling nauseating. Patient bladder and bowel functions were normal. On examination, patient was tender in right iliac fossa with positive rebound tenderness and palpable mass in right iliac fossa. Rest of abdomen was slightly tender with no distention and bowel sounds audible, patient was stable haemodynamically. On laboratory investigations, patient's total leukocytic count was increased to 14500 with differential leukocytic count showing neutrophilic predominance indicating acute inflammatory disease. There were few pus cells with occasional red blood cells in urine, ultrasound showed soft tissue mass in the right iliac fossa with rest of abdomen normal.

After careful preparation of the patient for surgery and taking informed consent, patient was shifted to operation theatre for operation the very same afternoon. Abdomen was opened through grid iron incision, mass showed on ultrasound was actually grossly swollen appendix due to obstruction, cause of obstruction being twist in its base along with its mesentery (Fig 1, 2 & 3).

Mesentery was untwisted in the clockwise direction and appendectomy performed
wing grossly dilated appendix and normal proximal...ndectomy was performed and patient recovery was
sional

Volvulus of sigmoid colon is a common disease in elderly particularly in sub-continent, middle rica, volvulus/torsion of append...e disease because of its shorter Gross distention (Mucocele) of also rare. Cause of obstruction fibrous band at the base of enlargement of lymphoid fol-wall. In this particular case, a very long mesentery and was and a half turns around its long clockwise direction, appendix up to its 2/3rd of its length(Fig. proximal 1/3rd was normal. Appen

REFERENCES

1. Jone DJ. Appendicitis.
2. Jamal A. Appendicula surgical management, Sp
3. Kim SH, Lim HK, Mucocele of appendix, finding, abd imaging, 19
5. Muthaphei MN, Mrwam pathology of appendix blacks, Cent Afr J Mec
8. Dammert W, Radiology recity; Williams and Wilk