A Case of Congenital Absence/Rudimentary Vermiform Appendix

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Abstract

Congenital absence of vermiform appendix is very rare in human beings. Here a case of rudimentary appendix/appendicular agenesis is being described. The patient had the suggestive signs, symptoms and lab findings of acute appendicitis. However, on exploration found to have congenital agenesis/rudimentary vermiform appendix.

Introduction

Congenital absence of vermiform appendix is very rare in human beings with a reported incidence of 0.0009% or 1 in 1,00,000 cases. Here we report a case of rudimentary appendix/congenital absence of appendix.

Case Report

A 30 year old female patient presented with pain in the right iliac fossa of 8 hours duration, fever of 2 hours duration and with one episode of vomiting. Pain was severe in intensity, localised to the right iliac fossa without any shifting/radiation/referral/ aggravating or relieving factor. There was only one bout of vomiting with non-bilious content and of regurgitation type. Fever 100° F without chills and rigors. Bladder/bowel habits were normal. No past history of pain abdomen/abdominal surgery/TB or TB contact. No history of any drug intake/any other medical or surgical disorder. Patient was in midcycle of her period with normal past menstrual history. There is no history of missed period/leucorrhoea. On examination patient was having tachycardia and fever of 100° F. Abdominal examination revealed tenderness in right iliac fossa with rebound tenderness organomegaly/free fluid. examination was within normal limits.

Urine examination and X-ray abdomen were not contributory whereas ultrasound did not detect any sonographic abnormality. However, blood

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examination showed leucocytosis, total leucocyte count being 20,500 and neutrophil differential count of 85%. Rest of blood investigations including liver and renal functions were in the normal range.

In view of acute right iliac fossa pain with rebound tenderness with a raised total leucocyte count with neutrophilia, a clinical diagnosis of acute appendicitis was made and the patient was subjected to operation under spinal anaesthesia. Right iliac fossa grid iron incision was used for access.

Intraoperative Finding

On exploration patient was found to have mesenteric lymphadenopathy. After thorough search for the appendix by mobilising the caecum, and ascending colon and by tracing the three teniae coli a small protruberance of size 4 mm x 3 mm was found at the termination of the three teniae coli (Fig. 1). There was no tubo-ovarian pathology or free fluid. Terminal ileum, ascending colon and caecum was apparently normal.



Fig. 1

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Discussion

In case of difficulty in localising the appendix the lateral peritoneal fold need to be divided identifying the White line of Toldt and incising it with a scissor and/or electrocautery. With blunt finger dissection the caecum and appendix should be mobilised into the incision. If this is still not possible the incision should be extended medially aiding in further mobilisation visualisation. The three teniae should be followed along the caecum. 4 Still appendix is not found then the possibility of transposition of viscera should be ruled out by checking for dextrocardia.5 Then can be a diagnosis of appendicular agenesis be made.

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OVER THE COUNTER BUT NO LONGER UNDER THE RADAR – PAEDIATRIC COUGH AND COLD MEDICATIONS

Since 1985, all six randomized, placebo-controlled studies of the use of cough and cold preparations in children under 12 years of age have not shown any meaningful differences between the active drugs and placebo.

A recent report from the Centers for Disease Control and Prevention identified more than 1500 emergency room visits in 2004 and 2005 for children under 2 years of age who had been given cough or cold products. Among other concerns are findings in children under six linking decongestants to cardiac arrhythmias and other cardiovascular events, antihistamines to hallucinations, and antitussives to depressed levels of consciousness and encephalopathy.

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