Medicon Medical Sciences
Volume 5 Issue 2 August 2023
Article Type: Case Report
ISSN: 2972-2721

A Case Report of Surgical Management of Subhepatic Acute Appendicitis

M Pugazhenthi[1], Kambala Prasanna Kumar[2] and Sai Ram KR[2]*

[1]*Assistant Professor, Department of General Surgery, SBMCH*

[2]*Junior Resident, Department of General Surgery, SBMCH*

***Corresponding Author:** Sai Ram KR, Junior Resident, Department of General Surgery, SBMCH.

Received: July 15, 2023; **Published:** July 19, 2023

DOI: 10.55162/MCMS.05.153

Abstract

Appendicitis in a subhepatic area might be difficult to diagnose and treat. It is an extremely uncommon and challenging condition. There haven't been many cases of subhepatic appendicitis reported in the literature. Here, we discuss and detail the care of a rare case report of a subhepatic appendicitis. A case of acute abdominal pain was admitted with a difficult diagnostic situation and successfully treated.

Keywords: Acute appendicitis; Subhepatic appendicitis; Appendicectomy

Introduction

The Appendicectomy is most frequent surgical emergency operation is for acute appendicitis. The Sub-hepatic position which is rare and can be delay the diagnosis and leads to complications like perforation and abscess formation [1]. Allen was the first to describe the Subhepatic appendix in 1955 [2]. In a study of 7,210 patients, subhepatic appendicitis was found in 0.08% of cases [3]. Here, we describe a rare case of subhepatic acute appendicitis that was surgically treated.

Case Report

A 49Years Female Patient came to hospital with Complaints of Right side Acute Abdominal pain for one day which was Continuous & dragging type of pain and associated with multiple episodes of vomiting, non bilious & predominantly of food particles. On clinical examination, Abdomen is distended, tenderness on the right hypochondrium & right Lumbar region, bowel Sounds present. Routine blood investigations reports was within normal range except elevated total leukocyte count. Initially Ultrasound abdomen done which reported as no significant abnormality noted and erect x-ray abdomen reported as normal study. Later on our diagnosis is confirmed with CECT Abdomen reported as, Appendix is in sub-hepatic in location and appears mildly thickened measuring ~ 8.4mm in short axis, ~ 6.7 cm in length with peri-appendiceal fat stranding and minimal free fluid (Fig.1).

Planned for Laparoscopic Appendicectomy and proceeded by making three ports as one 10mm Port over Supraumbilical Region, one 10mm Port over Epigastric Region and one 5mm Port over Right Lumbar Region. Intraoperatively, the findings are Caecum & Appendix is present in sub-hepatic region, Adhesions present around the appendix and caecum from lateral abdominal wall and liver bed region, Appendix is inflamed, elongated, pointed upwards towards the liver. Adhesions are released around the appendix and caecum, Appendicectomy done (Fig.2). Post operative period was Uneventful, treated with appropriate IV antibiotics & analgises and patient improved symptomatically, hence discharged with in 72hours of surgery. On one week followup with biospy reported as Acute Appendicitis.

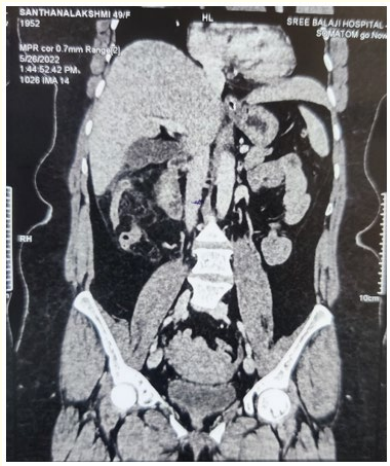

Figure 1: Appendix in Subhepatic Postion.

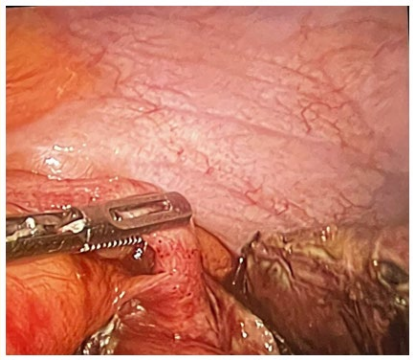

Figure 2: Intraoperatively, Appendix in Subhepatic Position.

Discussion

One of the most prevalent surgical emergency conditions is acute appendicitis [4]. In our case report, the acute appendicitis presentation was unusual, and the delayed diagnosis was caused by the aberrant placement of the subhepatic appendix. The first radiological investigation is an abdominal ultrasound scan, which has a high likelihood of misdiagnosis. The investigation of choice to detect Subhepatic appendicitis is a computed tomography (CT) abdominal scan, which has great sensitivity (100%), specificity (95%) and accuracy (98%) in making the diagnosis of acute appendicitis [5].

Conclusion

A common surgical emergency condition is acute appendicitis. Due to the appendix's unusual placement in the subhepatic region, which may cause a delay in identification, subhepatic acute appendicitis is a rare illness. Higher imaging modalities and a skilled surgeon can aid in diagnosis and help to avert problems.

Reference

1. Singh S., et al. "A case of right upper abdominal pain misdiagnosed on computerized tomography". Malays J Med Sci 21.4 (2014): 66-8.
2. King A. "Subhepatic appendicitis". AMA Arch Surg 71 (1955): 265-267.
3. Palanivelu C., et al. "Laparoscopic appendectomy for appendicitis in uncommon situations: the advantages of a tailored approach". Singapore Med J 48 (2007): 737-740.
4. Lowry SF and Hang JJ. "Mastery in Surgery". Appendicitis and Appendiceal disease (2007): 1430.
5. Chalazonitis AN., et al. "CT in appendicitis". Diagn Interv Radiol 14.1 (2008): 19-25.
6. WD Rappaport and JA Warneke. "Subhepatic appendicitis". American Family Physician 39.6 (1989): 146-148.
7. SB Nayak., et al. "Sessile ileum, subhepatic cecum, and uncinate appendix that might lead to a diagnostic dilemma". Anatomy & Cell Biology 46.4 (2013): 296-298.

Volume 5 Issue 2 August 2023