Severe abdominal pain in a septic child post open appendicectomy

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Abstract

Post appendicectomy abscess formation is uncommon in patients with non-perforated appendicitis. Diagnosis via imaging is essential to provide swift treatment and resolution of underlying infection, which we demonstrate in our case.

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Key Clinical Message

Post appendicectomy abscess formation is uncommon in patients with non-perforated appendicitis. Diagnosis via imaging is essential to provide swift treatment and resolution of underlying infection, which we demonstrate in our case.

An 8 year old female presented 7 days post open appendicectomy for acute uncomplicated appendicitis. Initial procedure was unremarkable, with no perforation seen macroscopically or microscopically. She appeared acutely unwell and was pyrexial and vomiting with severe lower abdominal pain. Examination of the abdomen revealed guarding and rigidity in the right iliac fossa and suprapubic regions. C reactive protein was raised at 282g/L, white cell count was 24X10ˆ9/L. Computed tomography of the abdomen revealed a 7x5cm multiseptated and multiloculated abscess in the right iliac fossa with compression of the urinary bladder**(Figure 1, Figure 2).** The patient was transferred to a regional paediatric facility for laparotomy and washout.

Post open appendicectomy intrabdominal abscess incidence has previously been reported at around 2.5% in acute appendicitis, rising to 4.2% in perforated appendicitis(1). Indeed overall incidence of post appendicectomy abscess has been reported as higher in laparoscopic appendicectomy rather than open with figures as high as 6.4% for simple appendicitis and 24% for perforated appendicitis(1). These images convey the importance of considering early imaging in paediatric patients presenting post appendicectomy, as even in cases where contamination was minimal, there is a chance of deep seated abscess leading to intrabdominal sepsis and potential need for laparotomy.

Author Contributions

Dr Adam O'Connor– drafted report, initiated idea to write report, directly involved with patient case

Mr Shariq Sabri –helped with writing of report and proof reading/formatting

Mr Alhad Dhebri –responsible clinician for the patient in our case, supervised project

References

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Figure legends

Figure 1 – coronal computed tomography image demonstrating right iliac fossa abscess measuring 5x7cm, multiloculated in nature and pressing on the urinary bladder

Figure 2 – sagittal computer tomography image again demonstrating the pelvic abscess

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Conflict of interests

All 3 authors report no conflicts of interest

Patient and parental consent was gained for the purpose of writing this article and is available on request.