A rare cause of appendicular syndrome

Une cause rare de syndrome appendiculaire

Case report

A 72-year-old woman was admitted to the emergency department for suspected appendicitis. Physical examination showed a temperature of 38 °C and lower right abdominal quadrant tenderness without contracture. Laboratory tests showed a C-reactive protein level of 100 mg/L and a white-cell count of 14,000 per cubic millimetre. Since abdominal ultrasonography could not visualize the appendix, an abdominal computed tomographic (CT) scan was performed and showed focal pericecal fat stranding and a hyperdense foreign body perforating the colic wall (figure 1 A, B). Emergency surgery revealed a cecal toothpick (figure 2). She was discharged after ten days of hospitalization.

Discussion

Cecal perforation by a toothpick is a very rare differential diagnosis of acute appendicitis. Very few cases have been reported in the literature [1-3]. Ingested foreign bodies are uncommon causes of perforation of the gastrointestinal tract. A wide variety of foreign bodies find their way into the gastrointestinal tract, including coins, toys, keys, batteries, jewellery, pins, needles, razor blades, nails, clips, and bones. Most of them do not cause intestinal perforation and are evacuated. However, hard or sharp objects, such as fish bones, chicken bones, and toothpicks may cause perforation. A clinical history of foreign body ingestion is rarely available. CT findings include visualization of foreign body in or through the gastrointestinal tract, thickening of the bowel wall, localized pneumoperitoneum and adjacent fat stranding [4]. In case of ingested toothpick, bowel perforation is usually

Figure 1

Computed tomographic (CT) scan.
Axial (A) and sagittal (B) unenhanced CT reformations showing pericecal fat stranding surrounding a hyperdense sharp foreign body (arrow).
contained by the greater omentum or the adjacent intestinal or mesenteric structures. Thus, peritonitis is rarely generalized [5].

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References


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