Diverticulitis of the cecal appendix: a case report

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CASE REPORT

A 51-year-old man who presented to the Emergency Room due to a skin rash on the chest and lower limbs and a fever of 39 °C, with associated shivering without any other symptoms, was admitted to the Infectious Disease service due to E. coli bacteremia with no apparent cause. The urine culture was negative and the abdominal ultrasound was unremarkable.

Thirty-six hours after admission he presented with right iliac fossa pain with vomiting, diarrhea and fever, despite undergoing antibiotic therapy. Physical examination revealed tenderness in the right iliac fossa, associated with leukocytosis. The abdominal CT report was compatible with acute appendicitis.

During surgery, an appendix with diverticula along its entire length was observed (Fig. 1). Appendicectomy was performed, without postoperative complications. The patient was discharged on the fourth day.

The anatomopathological study reported diverticulosis and non-perforated appendicular diverticulitis with no signs of appendicitis (Fig. 2).

A subsequent revision of the abdominal CT with the radiologists led to a clear identification of the appendicular diverticula (Fig. 3).

Fig. 1. Intraoperative findings. Appendix with thickened mesentery at its distal end covered by fibrinous exudates and with diverticula, both mesenteric and antimesenteric, throughout its length.

Fig. 2. Histological sections. A. H & E, lupa magnification. Longitudinal section of the tip of the cecal appendix showing three herniations of the mucosa through the muscular layer (arrows). B. H & E, x20. Inflammatory infiltrate composed of neutrophils and lymphocytes affecting the diverticular wall.
DISCUSSION

Appendicular diverticulosis is a rare disease, and complications lead to appendicectomy. Preoperative diagnosis is uncommon in acute forms of presentation as they are usually mistaken for acute appendicitis (1). Abdominal CT could be useful in promptly diagnosing insidious presentations, allowing an early treatment and a decrease in morbidity and mortality (up to a 30% higher than in appendicitis) (1). Moreover, in cases of incidental findings, prophylactic appendicectomy (2, 3) will be performed in order to prevent complications and neoplasm development (7.1% incidence) (3).

REFERENCES