

Torsion of an appendix epiploica present at the vermiform appendix: a rare cause of acute abdomen

Vermiform apendikte bulunan bir apendiks epiploikanın torsiyonu:
Seyrek bir akut karın nedeni

Muhammad Babar ASLAM,¹ Noori HASAN²

An extremely rare case of torsion of an appendix epiploica attached to the vermiform appendix is reported in a 57-year-old male who presented with acute abdominal pain and tender right inguinal fossa. An infarcted appendix epiploica was seen attached near the tip of an otherwise unremarkable vermiform appendix through a narrow stalk. The histological examination revealed lobulated fibrofatty tissue showing congestion, acute inflammation and fat necrosis. The appendix was otherwise unremarkable.

Key Words: Acute abdomen; appendix epiploica; epiploica appendagitis; vermiform appendix.

Akut karın ağrısı ve sağ inguinal bölgede hassasiyet şikayeti olan 57 yaşındaki erkek hastanın, vermiform apendikte bulunan apendiks epiploikanın çok ender görülen torsiyonunu bildiren olgu sunuldu. Dar bir sapın içinden vermiform apendiks ucunun devamında enfarkte olmuş bir apendiks epiploika görüldü. Histolojik inceleme, konjesyon, akut enflamasyon ve yağ nekrozu gösteren lobule olmuş bir yağlı fibröz doku sonucunu bildirdi. Apendiks, bu koşullar haricinde normaldi.

Anahtar Sözcükler: Akut karın; apendiks epiploika; epiploika appendajitis; vermiform apendiks.

Torsion of an appendix epiploica is a rare cause of acute abdominal pain.^[1-3] Torsion of an appendix epiploica or epiploica appendagitis is a disease caused by inflammation of an appendix epiploica and subserosal adipose tissue along the colon. It may mimic surgical causes of acute abdominal pain but is treated conservatively with pain management.^[4] The common findings are left lower quadrant pain, guarding, normal temperature, and normal white blood cell counts.^[2,4]

The diagnosis is based on identification of clinical as well as radiological features of epiploic appendagitis. Primary epiploic appendagitis or torsion of an appendix epiploica has characteristic ultrasound, computed tomography (CT) and magnetic resonance imaging (MRI) features that help to guide medical treatment.^[4,5] The primary mode of treatment is conservative pain management; however,

endoscopic removal of an infarcted appendix epiploica has also been successfully tried.^[6] The complication of untreated torsion of an appendix epiploica includes peritonitis, intestinal obstruction and pericolic abscess.^[7]

Here, we report a case of acute abdomen mimicking acute appendicitis clinically and caused by infarction of an appendix epiploica attached to the vermiform appendix.

CASE REPORT

A 57-year-old male presented with severe acute abdominal pain in the right iliac fossa. Pain was sudden in onset and severely colicky in nature, worse on movement with guarding ++. No radiation was noted. The past medical history included diverticular disease, asthma and partial gastrectomy for peptic ulcer. The blood tests showed increased white blood

¹Royal Blackburn Hospital, Blackburn;
²Whiston Hospital, Prescot, United Kingdom.

¹Royal Blackburn Hastanesi, Blackburn;
²Whiston Hastanesi, Prescot, İngiltere.



Fig. 1. Vermiform appendix with attached infarcted appendix epiploica.

cell (WBC) count. A clinical diagnosis of acute appendicitis was made and laparotomy with appendectomy was performed.

The perioperative findings included severe omental adhesions, in part because of previous surgery and partly because of diverticular disease of the sigmoid colon. The appendix was retroceally located; it was mobilized and appendectomy was performed. The rest of the gastrointestinal tract appeared unremarkable. The appendix was sent to the laboratory for histopathology.

Pathological findings

The macroscopic examination showed an appendix measuring 100 mm in length. The lumen contained a fecalith. There was a polypoid piece of fatty tissue attached to the appendicular serosa near the tip through a narrow stalk (Fig. 1). The polyp appeared to be markedly congested and resembled an infarcted appendix epiploica.

The entire specimen was submitted for histology revealing an unremarkable vermiform appendix with attached infarcted appendix epiploica showing lobulated fibrofatty tissue with congestion, acute inflammation and fat necrosis.

DISCUSSION

In this report, we present a very rare case of torsion of an appendix epiploica, which was attached to the appendicular serosa, hence explaining the classical clinical presentation of acute appendicitis. In the published literature, the most common location of the reported infarcted appendices epiploicae is the left-sided colon.^[4,5] To the best of our knowledge, no case of epiploica appendagitis or infarcted appendix epiploica in the vermiform appendix has been published previously. The retrocecal location of the appendix and extensive omental adhesions due to previous surgery, diverticular disease or some congenital acquisition are the suggested causes of acquiring an appendix epiploica near the vermiform appendix in this case. The entire appendix was submitted for histological examination, which showed no evidence of intrinsic acute appendicitis, worm infestation or neoplasia.

In conclusion, we present a case of torsion of an appendix epiploica present at the vermiform appendix, which is a rare cause of acute abdomen.

REFERENCES

1. Jain S, Connell R, Kefford D. Torsion of an appendix epiploica: a rare cause of acute abdominal pain. *J Obstet Gynaecol* 2002;22:564-5.
2. Pavone E, Mehta SN, Trudel J, Reinhold C, Bret P, Barkun AN. Torsion of an appendix epiploica: a nonsurgical cause of acute abdomen. *Dig Dis Sci* 1997;42:851-2.
3. Federmann G, Mateo-Gutierrez C, Schneider A. Torsion of the omentum or appendix epiploica-rare causes of acute abdomen. *Chirurg* 1991;62:571.
4. Legome EL, Belton AL, Murray RE, Rao PM, Novelline RA. Epiploic appendagitis: the emergency department presentation. *J Emerg Med* 2002;22:9-13.
5. Barbier C, Denny P, Pradoura JM, Bui P, Rieger A, Bazin C, et al. Radiologic aspects of infarction of the appendix epiploica. *J Radiol* 1998;79:1479-85.
6. Diaco JF, Diaco DS, Brannan AN. Endoscopic removal of an infarcted appendix epiploica. *J Laparoendosc Surg* 1993;3:149-51.
7. Romaniuk CS, Simpkins KC. Case report: pericolic abscess secondary to torsion of an appendix epiploica. *Clin Radiol* 1993;47:216-7.