

CASE REPORT

Dropped Appendicolith: An occult villain causing post appendectomy morbidity.

Sarabjit Singh¹, Anand Dutta², Pushpinder Singh Kuka²

Abstract

Appendicolith is also known as fecalith, coprolith or stercolith. Dropped Appendicolith is a rare complication after open or laproscopic appendectomy. Retained appendicolith becomes symptomatic with time. It may result in sinus / fistula formation, delayed wound healing, abscess formation, perforation, small bowel obstruction or inflammation of appendicular stump. we report a case of sinus formation in open appendectomy scar due to dropped appendicolith.

Keywords: Appendicitis, Appendectomy, fecalith.

¹Senior faculty and consultant Surgery, Senior Medical Officer

²Medical officer, Department of Surgery, GMSH sector 16, Chandigarh

Corresponding Author: Dr Sarabjit Singh, Senior faculty and consultant Surgery, Senior Medical Officer, Department of Surgery, GMSH sector 16, Chandigarh, India.

e-mail: sarabvineet@yahoo.co.in

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Introduction

An Appendicolith is a hard mass /lump which is formed in the appendix when fecal matter, minerals clump together. It is also known as coprolith, stercolith or fecalith. It usually forms when fecal matter gets impacted near base of appendix and cannot get evacuated easily. It is the most common cause of acute appendicitis. Appendicolith is usually less than 1 cm in size. Appendicolith is composed of stools, minerals, fats, salts mainly calcium phosphate and organic waste. Calcium content usually make them hard. In most cases, dropped appendicolith becomes symptomatic with time and result in abscess formation, sinus or fistulous tract formation, perforation, small bowel obstruction or inflammation of the appendicular stump.

Case Report

A 16 years old male was admitted in department of general surgery at Government Multi-specialty Hospital, sector 16, Chandigarh on 09/09/2024 with complaint of foul-smelling pus discharge from previously operated scar of open appendectomy in right iliac fossa. He also gave history of low-grade fever on and off and pain in the right iliac fossa. This patient underwent open appendectomy for acute appendicitis in January 2024 at some other hospital in Uttarakhand. As per patient, the surgery was uneventful and he was discharged on 5th day of surgery. The patient observed complaints of discharge from operative scar few days following discharge from hospital, for which he took some medications from same hospital for few months with no relief. Post open appendectomy, patient developed sinus in appendectomy scar,

for which exploration was done twice but as his symptoms persisted the patient approached our hospital for further management. The patient undergone MRI Scan in which we found he was having a sinus tract of about 4cm in length running in subcutaneous plane and intramuscular plane in the right iliac fossa. All other routine blood investigations were within normal range. Exploration of that tract was done on 10/09/2024 at our hospital and found dropped/ retained fecalith of 9mm size in Para caecal area. Wound was later allowed to heal by secondary intention. Picture 1 shows removed retained appendicolith of about 9mm size and picture 2 shows MRI Scan of the patient showing hyperintense and mildly enhancing sinus tract measuring approx. 4cm seen in subcutaneous plane and Intermuscular planes in the right iliac fossa.

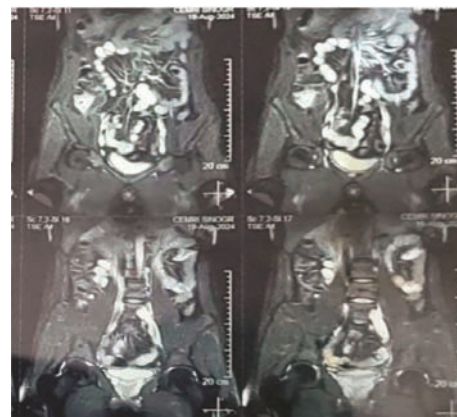


Fig 1. MRI sinus tract.

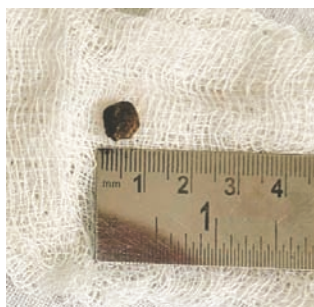


Fig 2. Dropped stone

Discussion

Appendectomy (open or laparoscopic) is surgical approach for acute or chronic appendicitis. Nearly 30% of cases of appendicitis are due to blockage by fecalith/appendicolith. A dropped appendicolith is a rare presentation usually manifested by delayed wound healing, sinus/fistulous tract formation, abscess formation, perforation, or stump appendicitis. Exploration of the tract is the mainstay of treatment for sinus / fistulous tract formed due to dropped appendicolith. Dropped appendicolith can manifest few days to many years after surgery. The lengthiest interval we could find in literature that reports abscess formation due to retained fecalith was nine years after appendectomy. It is interesting to know that the fecalith may remain silent for over many years. Here, in reported case patient presented with symptoms nearly 10 days after surgery. Sinus or abscess post-surgery should alert surgeon to keep possibility of dropped appendicolith as one of the possible causes and managed accordingly. We feel a CECT scan in such cases should have been more helpful and we recommend it as an investigation to be done in such cases as was found to be of better utility from our review of literature.

Conclusion

Dropped appendicolith/ fecalith after appendectomy presents in a variety of manners both with respect to onset and symptoms of presentation. Dropped fecalith may present with symptoms after many years of surgery. The definite incidence of dropped appendicolith following conventional or laparoscopic is currently unknown. Most surgeons consider that definite treatment for dropped appendicolith is its surgical removal. In conclusion, early removal of dropped appendicolith should be done to avoid complications.

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