UNEXPECTED FINDING
AT SURGERY
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HPI

- 36yo Man
- 3 days right-sided abdominal pain
- Nausea, vomiting, anorexia
- PMH/PSH: denies
- Meds/Allergies: denies
PE & Labs

- 98.7 118/65 70
- Abd soft, distended, RUQ tenderness
- No rebound or guarding
- WBC 12.7
- T bili 2.1, AST/ALT 36/62, alk phos 72
Imaging

- RUQ US:
  - Cholelithiasis with 1.7 cm gallstone in neck of gallbladder
  - Thickened gallbladder wall 4.4 cm
  - Normal CBD
  - + Murphy’s sign

- CT Abd: Thick walled gallbladder containing at least two calcified gallstones (resident read)
Hospital Course

- Admitted to surgery for acute cholecystitis
- NPO, cipro/flagyl
- 6hrs: radiology callback:
  - Enlarged appendix 8.7mm
  - Streaky infiltrative changes in pericecal fat
  - Consistent with early acute appendicitis
- Re-examined: pain localizing to RLQ, mild peritonitis
- Taken to OR for appendectomy
Operative Findings

- RLQ incision
- Appendectomy – thickened, secondary changes
- Exploration through RLQ incision – normal ileum. Bile staining on sponge stick from RUQ
- Kocher incision
- Bile spillage from fundal gallbladder perforation to which omentum was adhered
- Retrograde cholecystectomy – thickened not gangrenous with large stones in neck
- Irrigation, JP placement, closure
POD#1: 101 fever, continued on Abx
POD#4: JP out, discharged home
OR cultures: gallbladder E. coli & Klebsiella

Pathology
- Appendix: veriform appendix with moderate acute inflammation and serositis but no appendicitis per se
- Gallbladder: cholelithiasis with chronic cholecystitis, focal gangrenous transmural inflammation with perforation
- Omentum: omentum with acute serositis

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Sensitivity/Specificity of CT findings for appendicitis


- Retrospective. 71 appendicitis + 167 ‘alternative diagnoses’ on pathology
  - Enlarged appendix >6mm (93%/92%)
  - Wall thickening (66%/96%)
  - Periappendiceal fat stranding (87%/74%)
  - Wall enhancement (75%/85%)
Alternative Diagnoses to acute appendicitis on CT

- Torsion or obstruction of Meckel’s diverticulum
- Right ureteral calculous obstruction
- Primary epiploic appendagitis
- Cecal diverticulitis
- Infectious colitis: Salmonella, Yersinia, TB
- Mesenteric adenitis
- Gynecologic disorders 35-45% neg appy rate in women childbearing age: ectopic, torsion, cyst, PID
- RLL Pneumonia (children)
- Crohn’s disease
- Acute cholecystitis

Karal AR et al “Alternative diagnoses of acute appendicitis on helical CT with intravenous and rectal contrast” Clinical Imaging 2007 Mar;31(2):77-86.
Bile Peritonitis mimicking acute appendicitis


- Case series. 12 patients with bile peritonitis
  - Half (6) had RLQ tenderness
  - 3 pts brought to OR for appendicitis via RLQ incision
    - #1: OR on clinical diagnosis (no imaging)
    - #2: ileocecal inflammation on US
    - #3: peritoneal irritation most pronounced in RLQ despite CT & US findings of cholecystitis
Lessons Learned

- Radiographic findings should not overrule clinical judgment
- Operative approach: role of laparoscopy