

Mega-appendix: A case report of an unusually long appendix

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Introduction

Acute appendicitis is the most common surgical emergency globally, with an incidence of 1.17 per 1000. The lifetime risk of acute appendicitis is 8.6% in men and 6.7% in women and its incidence is highest in adolescents and young adults.(1) Although appendicitis is a common condition, it remains a diagnostic challenge for surgeons, mainly in pregnant women. Clinical diagnosis alone leads to a negative appendectomy rate of 15 to 30%.(2, 3) Different scoring systems have been developed for diagnosing acute appendicitis and the most commonly used is Alvarado score.(4) We hereby present an unusual case of mega appendix.

Case report

A 45 years male presented to the emergency department of Dadeldhura hospital, Nepal with pain in right iliac fossa for 4 days associated with low grade fever, nausea, vomiting and anorexia. His bowel and bladder habits were normal. On examination, the patient was febrile with tenderness and guarding in right iliac fossa. His hernial orifices were intact and bowel sounds were present.

Ultrasonography of abdomen showed acutely inflamed appendix with early lump formation and his total white blood cell count was 16000 mm³. Emergency open appendectomy was done which revealed an inflamed retrocecal appendix with lump measuring approximately 18 cm in length with perforation at the shaft of appendix (Figure 1). Histopathological examination of the specimen showed acutely inflamed appendix. His postoperative hospital stay was uneventful and discharged on third postoperative day.



Figure 1: showing appendectomy specimen

Discussion

The size and site of appendix varies and the most common position is retrocecal followed by pelvic.(5) Although, the appendix is a constant structure, it may be completely absent or may have two appendixes.(6) Obstruction of the lumen is believed to be the major cause of acute appendicitis. This may be caused by inspissated stool (fecolith or appendicolith), lymphoid hyperplasia, vegetable matter or seeds, parasites, or neoplasm. *Escherichia coli* and *Bacteroides fragilis* are most commonly associated with appendicitis.(7, 8)

The classical clinical manifestation of acute appendicitis including the site of maximum tenderness was first described by Charles McBurney.(9) Acute appendicitis is uncommon during infancy, but the risk increases during childhood and early adult life.(10) Low dietary fiber and carbohydrate enriched diet are associated with increased risk of acute appendicitis.(11) It is controversial whether the human appendix has any functional importance, but it is suggested to have exocrine, endocrine, and neuromuscular functions.(12)

The human appendix measures 6 to 9 cm in length and is longer in males than in females. The longest appendixes reported to be 55 cm removed from a 13-year-old boy.(13) In conclusion, the appendix removed from our patient measuring 18 cm is one of the longest appendix removed.

Conflict of interest

None to declare.

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Consent to participate

Written informed consent was obtained from the patient for the publication of this case report and accompanying images.

Ethical approval

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Registration of research studies

Not applicable.

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Declaration of competing interest

The authors declare no competing interests.

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