



Giant appendicolith mimicking as foreign body: A case report



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ABSTRACT

Acute appendicitis is one of the most common surgical emergencies. However, atypical clinical presentation and imaging can cause diagnostic confusion. We report a case of a 3 yr old girl with doubtful history of foreign body ingestion and presenting to us with features of sub acute intestinal obstruction. Serial Computerized Tomography scans (CT) were suggestive of single foreign body (FB) in distal ileum with high attenuation. But the nature of FB could not be determined on history or imaging. However on exploration there was acute appendicitis with a giant appendicolith at the base of the appendix. Appendectomy with retrieval of the appendicolith was done. Post operatively patient had complete relief of symptoms.

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Giant appendicoliths are very rare. On detailed review of literature we could not find any case of giant appendicolith being reported in children. Acute appendicitis is usually a clinical diagnosis, but atypical clinical presentations and at times radiological investigations can lead to diagnostic dilemma.

1. Case report

3 yr old girl presented to us with history of passing loose stools for four days followed by constipation, abdominal distention and non bilious vomiting since 2 days. Mother gave a doubtful history of child ingesting a foreign body one month back when the child was in playroom. However no definite history of same or of nature of FB could be obtained. On examination abdomen was soft with minimal distension, without any guarding or rigidity. Blood investigations including leukocyte counts, serum electrolytes were normal. X-ray abdomen erect showed distended bowel loops with no evidence of any foreign body. Ultrasonography of abdomen showed dilated bowel loops with echogenic mesentery and sub-centimeter lymph nodes in right inguinal fossa. Hence with a provisional diagnosis of gastroenteritis we treated her with antibiotics and the child settled. But the same complaints recurred over next two weeks with intermittent generalized pain in abdomen and non bilious vomiting. Hence a CT scan abdomen and

pelvis was done which showed a spherical high-attenuation object of 2×1.6 cm within the lumen of distal small bowel. The appendix was not identified and there was no inflammatory stranding. But



Fig. 1. Chest radiograph showing absence of foreign body.

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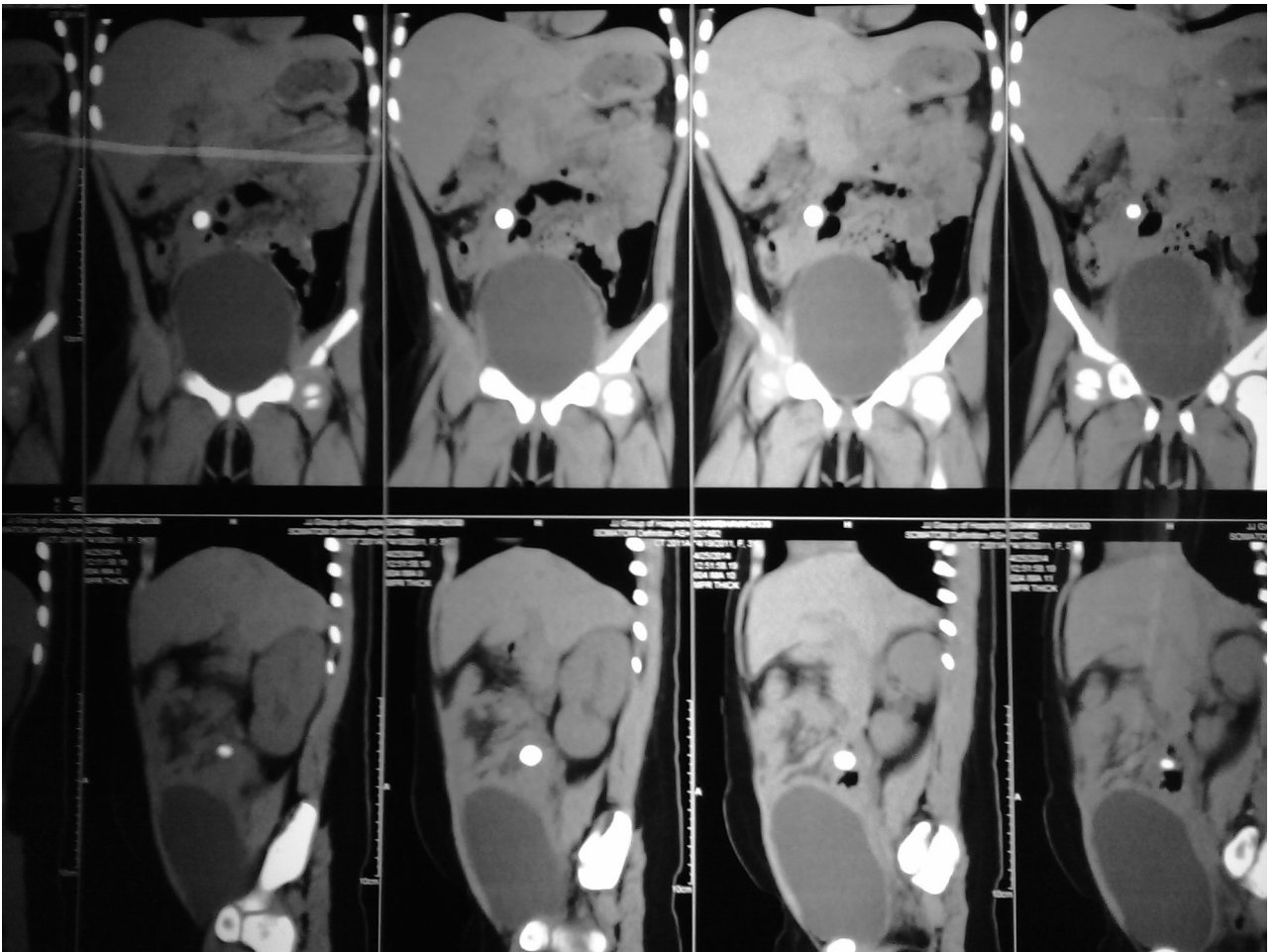


Fig. 2. CT abdomen and pelvis showing spherical foreign body.



Fig. 3. Intraoperative photograph showing acute appendicitis with incision over the appendix.

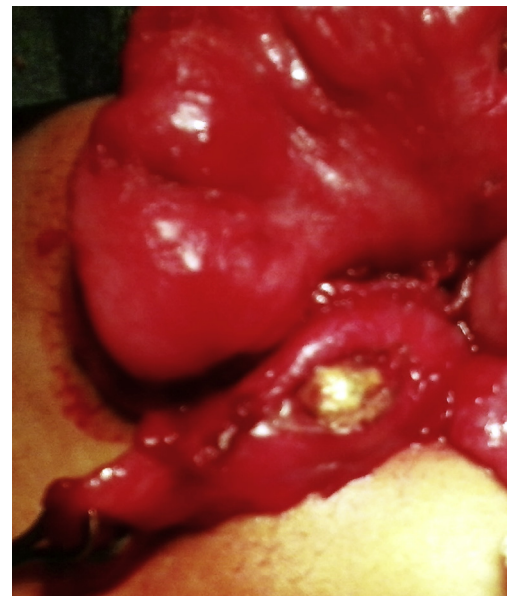


Fig. 4. Intraoperative photograph showing appendicolith.

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