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Acute Appendicitis-A Diagnostic Pitfall

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Abstract: *25 year old male presented to the department of general surgery with the complaints of pain in the right side of lower abdomen for 1 day. Patient had history of low grade fever and vomiting. After thorough Clinical examination and investigations, suspecting acute appendicitis, emergency open appendectomy was planned and executed which revealed an intra abdominal testicular torsion intra operatively. Intra abdominal testicular torsion is an uncommon presentation. The purpose of this report is to highlight a case of torsed intra abdominal testis which presented with features of acute appendicitis.*

Keywords: *appendicitis, testicular torsion, seminoma*

I. Introduction

Cryptorchidism, or maldescended testis, is a common problem encountered in pediatric age groups . Undescended testis is a well known predisposing factor for testicular torsion and testicular malignancy. 1-4% of full-term neonates and up to 45% of preterm neonates have undescended testis (1). Torsedintraabdominal testis is rarely considered in the differential diagnosis of acute abdomen hence we present a case of right iliac fossa pain clinically as acute appendicitis, intraoperatively revealing a torsed intra abdominal testis.

II. Case Report.

25 year old male, presented in department of general surgery, RMMCH with chief complaints of pain in the right lower quadrant of the abdomenfor 1 day. It was continous type and had no aggrevating or relieving factors. Pain was not radiating or referred. H/O vomiting-1 episode with food particle and non bilious.H/O fever-1 day, low grade, intermittent. No other significant history was present.

On examination patient was afebrile. Vitals were stable. Per abdomen wasSoft, tenderness in Right iliac fossa associated with guarding was present. Rebound tenderness was present. No mass was palpable per abdomen. Percussion was normal. Auscultaion- normal bowel sounds heard . Routine pre operative investigations was done. USG abdomen revealed features suggestive of appendicular abscess.

A clinical diagnosis of acute appendicitis was made and an emergency appendectomy was planned and performed. On table,revealed a torsed testis in the region of vermiform appendix with inflammatory reaction involving the surrounding tissues. The vermiform appendix was inflammed. Orchidectomy and appendectomy was done.The patient was treated with iv antibioics and analgesics. Patient had an uneventful post operative course and the patient was discharged on the 7thpost operative day. The histopathology of the testis revealed features of classic seminoma. The histology of the vermiform appendix revealed features of appendicitis

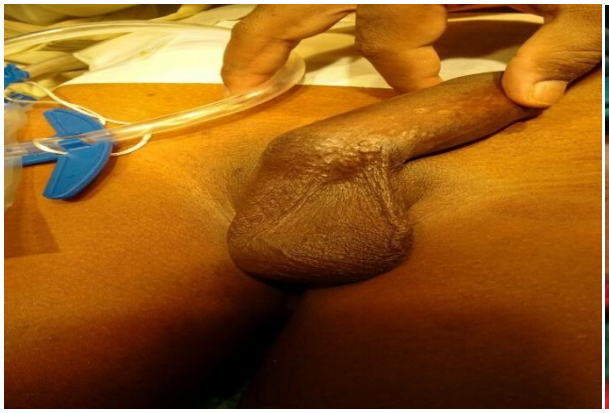
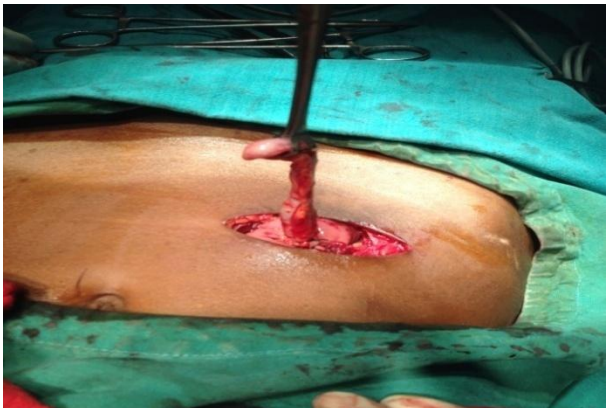


FIG 1



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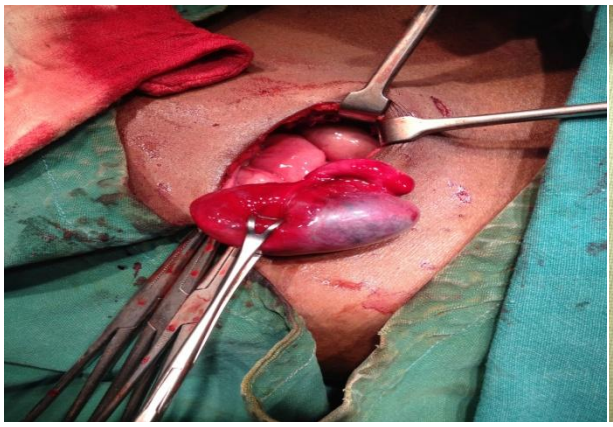

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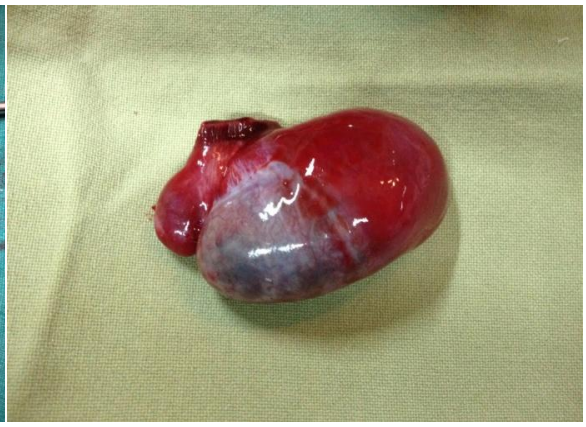

FIG 4

III. Discussion

Cryptorchidism or undescended testis is the abscene of one or both the testis from the scrotum. Complications of an undescended testis includes Torsion, epididymorchitis, seminoma, trauma, hernia, and infertility{Pnemonic TESTIS}. Sir Delasiuave first reported a case of torsion of undescendedtestis in 1840 in Germany.followed by Sir Curling in 1857 and by Sir Ormond in 1923(2) followed by sir Gerster first reported a case of torsion of intra abdominal testis in 1898 in New York

Torsion testis is more common in undescended testis compared with completely descended testis. It has been estimated that 9.8% of testicular tumours arise in undescended testis and carry a one hundred and forty times greater risk of neoplasia than a fully descended intrascrotal testis (Whitaker, 1970).The increased susceptibility of the abdominal testis to undergo torsion is the result of a developmental anatomic abnormality between testis and its mesentery(3).Another theory involving abnormal contractions of the cremasteric muscles, which are responsible for the spermatic twist(4)

Surgery is the choice of management because such testis are more prone for complications as mentioned above.Clinical presentations of a malignant intra abdominal testis can range from an asymptomatic mass to symptoms mimicking appendicitis or retroperitoneal mass, incarcerated hernia, urinary frequency or dysuria from mass effect on bladder or acute abdominal pain due to torsion and hemorrhage.(5,6). As per ESPU guidelins there is no reliable examination to confirm or exclude intraabdominal testis except D-laproscopy.

IV. Conclusion

Intra abdominal testicular torsioin is a very uncommon clinical condition. Surgeons should be aware that an intra abdominal testicular torsion can mimic acute appendicitis. Examination of the external genitalia should be included routinely during abdominal examination. An increased diagnostic yield is dependent on an expedient and comprehensive preoperative evaluation. The purpose of this report is to highlight a case of torsed abdominal testis which presented with features of acute appendicitis.

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