SUBHEPATIC PERFORATED APPENDICITIS WITH SUBHEPATIC CAECUM: A CASE REPORT

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ABSTRACT
Appendicitis is one of the common problems in surgical practice. Position of appendix varies, a rare variant is sub hepatic appendix with sub hepatic caecum. It happens due to gut malrotation and fixation of gut. Appendicitis is rare occurrence in abnormal subhepatic location. Presentation mimics other surgical emergency conditions so its diagnosis and management is difficult. Here we present an 8-year female patient with pain right iliac fossa and right hypochondrium quadrant. The final diagnosis was perforated appendicitis with localised abscess at sub hepatic location.[1]

INTRODUCTION
Appendix is present at junction of teniae coli, 2.5cm inferior to ileocecal valve. Malrotation and nonrotation of gut places appendix in mid abdomen is 4/100000. [2] Average length of APPENDIX is 6-12 cm and breadth about 0.3 -1 cm and is covered by peritoneum.[3] Ileum opens on left wall of cecum with its right and left caecal frenulum and upper horizontal and lower concave lip. The appendix open in cecum with her valve of Gerlach. Sub hepatic caecum is due to lack of growth factor and unable to attach with abdominal wall.

CASE PRESENTATION
An 8 years old female child was admitted in emergency department with complaint of pain abdomen in a right iliac region and right hypochondrium. She had pulse 90 /min and 100 /60mm Hg blood pressure right arm supine. On per abdominal examination she had tenderness in right hypochondric region and right iliac region without guarding and rigidity. Her haemoglobin was 12.0 gm/dL, total leucocyte cell count was 22190/µL with 81% neutrophills and platelets was 2,43,000/µL. Her LFT, RFT were normal. Erect abdomen X-RAY and x ray chest were normal. In USG finding non-peristaltic tubular blind ended tubular structure with Diameter of 5-6 mm in sub hepatic region with edematous fat plane few enlarge lymph node and distended bowelloop in RIF.
After confirming the diagnosis the patient was taken for surgery. Informed consent, including risk, benefit and alternatives given to the patient and family & documented. Open appendicectomy through Mc Buney’s incision was performed Right iliac fossa was empty on exploration. Hence incision was extended as Gridiron incision. The Ruptured appendix was found near tip with 50 cc pus. Omentum was found adherent the inferior border of liver . ceacum was adherent to posterior abdominal wall and Right iliac fossa was empty. The appendicectomy was done and abdominal drain was placed. The specimen was sent for histopathological examination and it

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revealed acute inflammation of appendix. Patient recovered well and discharged with no post operative complication after surgery.

DISCUSSION
Early fetal fixation and rotation of gut take place in normal position. The caecal decent is due to decrease size of right lobe of liver. The appendix has variable positions most common is retrocecal others are pelvic pre-ileal, post-ileal and they have their own clinical presentation. Sub hepatic caecum with appendicitis is rare and incidence is about 6%. Perforation is common in children and elderly patients and its presentation is late than normal appendicitis. In children perforation is due to delayed diagnosis. Extremes of age risk of mortality increase due to pressure nercosis perforation leads to pelvic abscess or peritonitis.[4]

Liver abscess or cholecystitis are common misdiagnosis during abdominal ultrasound for subhepatic caecum with perforated appendix.[5]

We gave Mc Burney incision which was lateraly converted in to Rutherford Morrison incision for subhepatic appendix. Now laparoscopy is a good option for these kind of patients because it has diagnostic and therapeutic benefit.  

CONCLUSIONS
Subhepatic location of appendix is uncommon but subhepatic cecum with perforated appendix is very rare. This unusual site of appendicitis is confused with other very common conditions like cholecystitis liver abscess and hepatic flexor mass. For early diagnosis and surgical intervention ultra sonography and laproscopy are helpful tools.

REFERENCES