Case Report

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Acute Appendicitis. Clinical Case

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1. Abstract:

Acute appendicitis still remains a pressing problem and remains discussed among surgeons. The article describes a clinical case of acute appendicitis with an atypical location. The main complaints, symptoms, and treatment are considered. Acute appendicitis is inflammation of the appendix of the cecum. This is one of the most common emergency surgical diseases of the abdominal organs. Its diagnosis remains difficult, especially for women of childbearing age and elderly patients. Delays in diagnosis and treatment for OA may result in increased morbidity and mortality.

2. Key words:
Appendicitis, clinical picture, atypical location, appendectomy, femoral hernia, hernia repair.

3. Classification:

- catarrhal;
- phlegmonous;
- empyema of the appendix;
- gangrenous.

-Complications of acute appendicitis:

- perforation;
- appendicular infiltrate (preoperative detection);
- appendicular infiltrate (intraoperative detection);
-- loose;
-- dense;
- periappendicular abscess (preoperative detection);
- periappendicular abscess (intraoperative detection);
- peritonitis;
- retroperitoneal phlegmon;
- pylephlebitis.

This article describes an interesting clinical case of acute appendicitis. Patient A, 71 years old, was taken to RB No. 2 for emergency indications 1 day after onset of the disease. Upon admission, the patient complained of pain in the right groin area, the presence of a dense formation in it and redness of the skin in this area. The patient was also worried about nausea, vomiting, dry mouth, and an increase in body temperature to 37.5 degrees. Considers himself sick since 21.00, when abdominal discomfort, nausea, and vomiting began. In the morning I noticed a painful swelling in the right groin area. She called the ambulance and was taken to the hospital emergency department with a diagnosis of inguinal lymphadenitis on the right. The patient was examined by the surgeon on duty: The general condition of the patient is satisfactory, consciousness is clear, position is active. I noticed a very low BMI of 15.2 (with a height of 158 cm, weight was only 38 kg). The patient reported that in 2019 she underwent surgery - plastic surgery of the esophagus with a large intestine for a cicatricial stricture of the esophagus. Swallowing is not impaired. The tongue is dry, covered with a white coating. According to palpation of the abdomen: the abdomen is not distended, the tone of the abdominal muscles is normal; The abdominal wall is soft and pliable. In the right groin area there is a protrusion measuring 4 x 3 cm, dense, sharply painful on palpation. The skin over it is hyperemic and hot to the touch. The symptom of cough impulse is negative.

According to laboratory tests: in the general blood test, leukocytosis is up to 11, without p/v shift. ESR 11 mm per hour. Biochemical tests are within reference values (CRP is not urgently performed in the hospital). According to the ultrasound picture, in the groin area on the right at a depth of 1 cm from the surface of the skin there is a rounded formation with clear edges measuring 3 x 2.5 cm with hypo- and anechoic contents. Doctor's conclusion - ultrasound: inguinal hernia with strangulation. Based on the clinical picture, tests, laboratory and instrumental research methods, a diagnosis was made: a strangulated inguinal hernia on the right. According to emergency indications, she was taken for surgical treatment in the scope of hernia repair, revision, tactics based on the surgical finding, since it was assumed that the internal organs were being strangulated. An oblique incision was made under the MCA in the right groin area above the hernial protrusion. Subcutaneous fat tissue is infiltrated and edematous. The hernial sac, which was located under the Pupart's ligament, was identified. The hernial sac was opened and a purulent effusion of up to 3

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ml was obtained. A phlegmonically altered vermiform appendix with the presence of planar adhesions to the hernial sac was found in the hernial sac. The hernial ring is dissected. The cecum with the vermiform appendix was exposed into the wound. A typical appendectomy was performed with immersion of the stump in purse-string and Z-shaped sutures. The cecum is immersed in the abdominal cavity. Inspection of the abdominal cavity with tuffers - the abdominal cavity is dry, visible loops of the small intestine without pathology. The hernial sac at the neck is stitched and cut off. The hernial orifice was repaired using the Reich method. Active drainage is installed in the subcutaneous tissue. The skin is sutured tightly. The postoperative period proceeded without complications. The active drainage was removed on the 6th day after surgery. The patient's condition improved and was discharged for outpatient observation on the 10th day after surgery.

4. Conclusions:

In this particular case, acute appendicitis developed in a femoral hernia - Amyand's hernia;

The frequency of this case according to various authors ranges from 0.07% - 0.13% of all inguinofemoral hernias;

Female gender, age, low BMI, and previous surgical treatment for esophageal plastic surgery were predisposing factors for the development of a femoral hernia in which the appendix became inflamed;

Appendectomy and herniotomy were performed through one approach.

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