

LETTER

## PHLEGMONOUS APPENDICITIS DUE TO A GIANT FECALITH

Dear Editor,

Acute appendicitis is the most common acute surgical condition of the abdomen. Obstruction of the lumen by a fecalith or lymphoid hyperplasia is the dominant factor in the etiology of acute appendicitis (1). We report a case of an obstructed appendix by a giant fecalith. To our knowledge, this size is very big, if not the biggest.

A 44-year-old female was admitted with a three day history of epigastric and right lower abdominal pain on October 4, 1997. She was nauseous and had vomitted twice in the last 24 hours. Her physical examination revealed a 10 X 10 cm painful mass in the right iliac fossa. White blood count was 19,600 / mm<sup>3</sup>. Her abdominal ultrasonography demonstrated a 12 X 10 cm mass containing omentum, small bowel and inflamated appendix, suggesting a phlegmon. Her oral intake was stopped and intravenous fluid therapy was started. Under antibiotic cover (ceftriaxone and metronidazole) her physical examination was normalized. After 8 weeks, her double contrast colon graphy revealed one radioopaque fecalith in the appendix lumen (Fig 1). She underwent appendectomy; there was a 3.5 X 3 cm fecalith located at the radix of the appendix (Fig. 2 and 3 ). On biochemical analysis of the fecalith, it was a phosphate stone. The microscopic examination of the appendix revealed appendicitis.

Appendicitis remains the most common indication for emergency laparotomy all over the world (2). There is no way to prevent the development of appendicitis. The only way to reduce morbidity and to prevent mortality is to perform appendectomy before perforation or gangrene occurs (4). Although its etiology is controversial, in the majority of patients, appendicitis is thought to be provoked by obstruction of the appendiceal lumen by fecalith impaction, lymphoid hyperplasia, inspissated

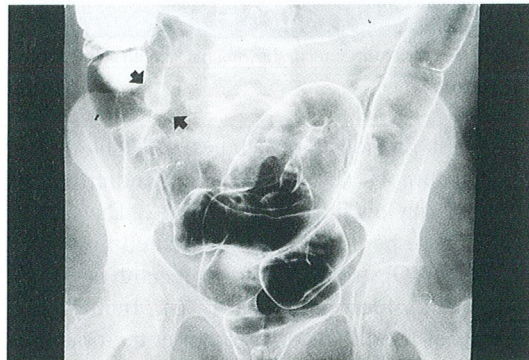


Fig - 1 : Double contrast colon graphy showing one radioopaque fecalith in the appendix lumen (arrows).

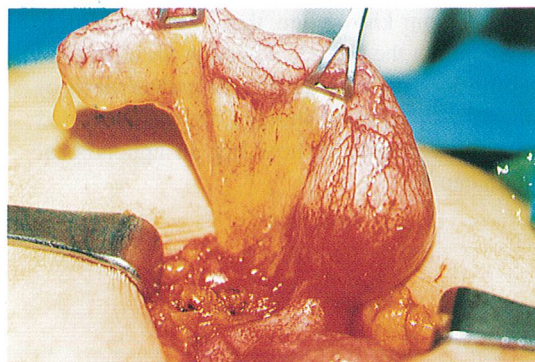


Fig - 2 : At the operation, there was a 3.5X3 cm fecalith located at the radix of appendix.

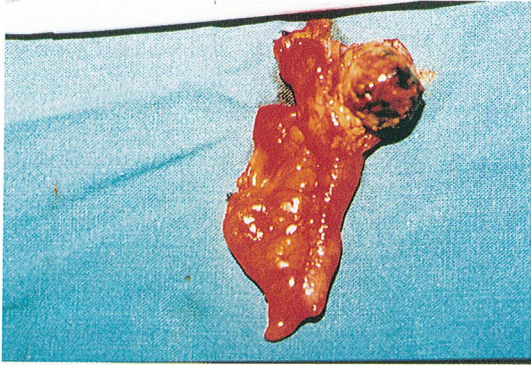


Fig - 3 : The operative specimen, showing the fecalith at the radix of appendix.

barium from previous x-ray studies, vegetable-fruit seeds or tumors (2-5). Acute appendicitis is associated with low fiber diet feeding (2). Diets low in fiber cause hard, dry feces compared to those high in fiber. Obstruction due to a fecalith is more frequent in older patients (1, 6). Incidental appendiceal fecaliths were present at the time of laparotomy in 32 % of European patients and 4% of African patients (2). Fecalith prevalence is geographically distributed, as is the incidence of appendicitis, being higher in Western than in developing countries.

Surgeons are frequently faced with single or multiple fecaliths of varying sizes in the appendix lumen. The epidemiologic data about the number and/or size of appendiceal fecaliths is rather limited. To our knowledge, this size of fecalith is very big, if not the biggest. Although the size of the fecaliths does indicate a different pathogenesis or change the therapeutic strategy, the case reported here is an example of how big an appendiceal fecalith can be.

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