

ABSTRACT

Diverticulosis of the appendix and appendiceal diverticulitis are uncommon clinical conditions with a reported pathologic incidence of appendiceal diverticulosis that ranges approximately 0.014-1.9%

CASE REPORT

We report a case of a 32-year-old woman who presented at the emergency department with signs and symptoms typical of acute appendicitis. Blood tests revealed mild leucocytosis and computed tomography (CT) scan of abdomen and pelvis revealed signs of acute appendicitis. The patient underwent a laparoscopic appendectomy. During the operation the appendix was observed with diverticula and signs of inflammation and the histopathological examination confirmed appendiceal diverticulitis (Fig. 1, 2,3)

Conflict interests
The authors report no conflicts of interest.

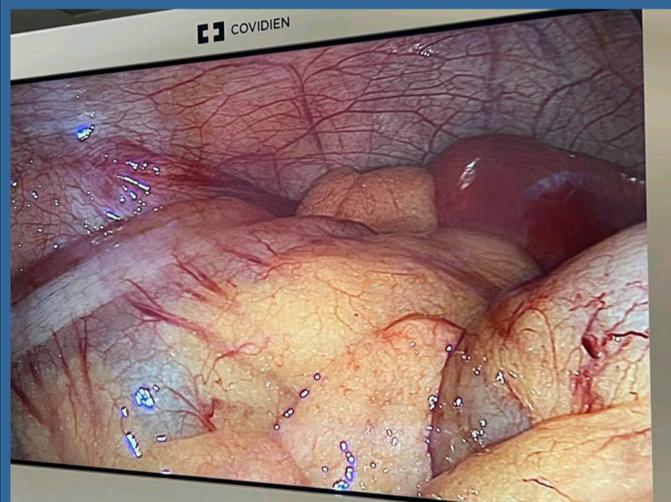


Figure 1. view of the appendix during the lap operation

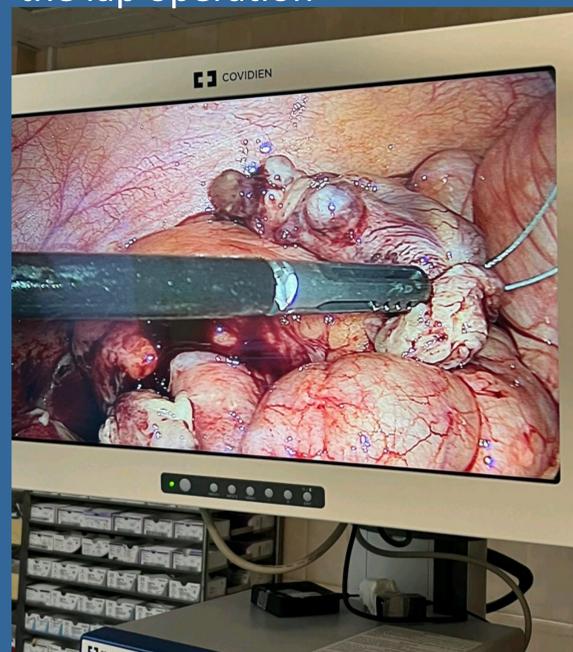


Figure 2.View of the appendix with visible diverticula.

DISCUSSION

The presence of diverticula on the vermiform appendix has been described in the literature since 1893 as an uncommon medical condition. Certain recent studies claim a higher pathological incidence than previously reported indicating a possible histopathological misdiagnose because of its rarity and the foremost possible scenario of acute appendicitis

Pathogenesis of acquired diverticulosis is connected with a combination of inflammatory and non inflammatory causes. The submucosal layer of the vermiform appendix contains an active lymphoid tissue prone to inflammation episodes that weaken its muscle layer. Multiple episodes of inflammation leads to narrowing of the lumen and, eventually, atrophy of the lymphoid tissue, further weakening of the residual wall and consequently, pseudodiverticula formation. Lumen obstruction secondary to previous inflammation episodes, stricture, fecalith, calculi or benign or malignant neoplasms increase luminal pressure pre-disposing to wall herniation. The reason appendiceal diverticulitis is necessary to be integrated in the diagnostic thinking of clinical doctors is the higher rates of complications and appendiceal neoplasms compared with acute appendicitis.

CONCLUSIONS

Appendiceal diverticulitis appears as an uncommon clinical entity that usually presents at the emergency department with signs and symptoms of acute appendicitis. although, in most cases it is diagnosed peri or postoperatively it is critical to have high clinical suspicion before surgery in order to cope with the high rates of complications and the strong association with neoplasia that it carries.



Figure 3.Intraoperative findings showing and inflamed and oedematous appendix with diverticula

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