Appendicular diverticula in an infant: a bolt from the blue

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DESCRIPTION

A 10-month-old inconsolable infant was admitted with irritability and non-bilious vomiting of 3 days duration. There was no abdominal distension; however, tenderness could be elicited in the right iliac fossa. Diagnosis could not be yielded after a careful clinical examination and investigations performed to rule out sepsis were turned out to be negative. An abdominal ultrasound was inconclusive except for a thickened bowel wall. In view of persistent and worsening symptoms a possibility of intestinal obstruction secondary to Ladd’s band was thought of and hence proceeded with laparotomy. Laparotomy revealed appendicular diverticulum with secretion penting up in the diverticula giving an appearance of cyst for which appendectomy was performed (figure 1). Histopathology of the excised specimen revealed all the layers of the bowel with secretion in the diverticular lumen and neutrophilic infiltrate in the muscularis mucosa. The infant was discharged healthy postoperatively after 3 days.

Appendicular diverticula is one of the very rare diseases to suspect especially in asymptomatic infant with abdominal problem where diseases such as intussusceptions, Ladd’s bands, malrotation and volvulus, etc are more common. It is almost impossible to ascertain until and unless the Pandora’s box is explored. There have been few case reports on adults,1–3 and all the authors have one thing in common, ‘a surprise’, an uncertainty of disease, which is the same in our case too. The type of diverticula in our infant can be classified as type I, where the appendix is normal and the diverticulum is inflamed.1 It can also be classified as congenital because of existence of all bowel wall layers.1 The incidence is reported to be 0.0014% in congenital form.2 Congenital diverticula are often solitary and found on the antimesenteric border compared with acquired ones, which are often multiple and located on the mesenteric border. The high risk of perforation of inflamed diverticula is fourfold compared with appendicitis increases the morbidity and mortality.2

Learning points

▸ Appendicular diverticulum can present during infancy and a high index of suspicion should be kept if preliminary investigations are non-contributory.
▸ Appendectomy to be performed in an appendicular diverticulum in a symptomatic infant.


REFERENCES
