Appendiceal faecolith: a radiological finding not to be missed

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DESCRIPTION
A 25-year-old man presented with a short history of sudden onset right iliac fossa pain. Examination revealed tenderness maximal at McBurney’s point with localised peritonism. Routine investigation included a plain abdominal X-ray.

As can be seen in the image, the X-ray revealed a calcified density overlying the right iliac wing in keeping with a faecolith (Figure 1). Open appendicectomy was subsequently performed, with findings of an inflamed perforated appendix containing a 21 mm faecolith. Histology confirmed acute appendicitis.

The presence of a faecolith is a common finding at appendicectomy,1 and has been shown to be associated with an increase in risk of appendiceal perforation.2 In this particular case, the faecolith remained within the appendix; however, the radiological finding is an important consideration at the time of surgery. A retained faecolith can inadvertently be left within the abdominal cavity leading to an increased risk of abscess formation.3 It is therefore important to perform a thorough examination of the peritoneal cavity in cases of perforated appendicitis to exclude this.

Figure 1 Plain abdominal X-ray clearly showing the presence of a faecolith within the appendix.

While many faecoliths will not be visible on plain X-ray, if one is evident, as in this case, it is an important finding that needs to be considered at the time of appendicectomy.

Contributors GM performed the literature review, composed the case report, and obtained and formatted the images. JM reviewed the draft report and assisted in completion of the final draft.

Competing interests None declared.

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REFERENCES

Learning points
► Calcified faecoliths within the appendix may be visible on plain X-ray.
► The presence of a faecolith within the appendix increases the risk of perforation.
► It is essential that any appendiceal faecolith is removed at the time of surgery to reduce the risk of abscess formation.