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.

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Competing interests None declared.

Patient consent Obtained.

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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.

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