Necrotic lesions of the caecum: a rare cause of right iliac fossa pain

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Accepted 7 June 2016

DESCRIPTION

An otherwise healthy 62-year-old woman presented at the emergency department, with vomiting, diarrhoea and abdominal pain for 2 days. The abdominal pain started in the umbilical region, and had migrated to the right lower quadrant of the abdomen at the time of presentation.

Physical examination only revealed abdominal tenderness at McBurney's point. Laboratory tests showed a serum leucocytosis of $17 \times 10^9/\text{L}$ (normal $4\text{--}10 \times 10^9/\text{L}$) and a C reactive protein of 117 mg/L (normal $1\text{--}10 \text{ mg/L}$). As a result of the high clinical suspicion of acute appendicitis, abdominal ultrasound was performed by an experienced radiologist. However, the appendix could not be identified. Subsequently, abdominal CT followed, showing a localised fluid pocket next to the caecum, suggesting an appendicitis perforata (figure 1).

Figure 1 CT image of the caecum (A) and the adjacent fluid pocket (B).

Figure 2 Peroperative image revealing an appendix sana (A) and the necrotic lesions of the caecum (B) (C, caecum; D, terminal ileum).

Diagnostic laparoscopy revealed a normal appendix. Two necrotic lesions ($\sim 2 \text{ cm}$) in the caecum were seen (figure 2). An ileocaecal resection was performed. The patient's postoperative recovery was uneventful. The pathologist described the ulcerations as being due to ischaemic necrosis without thromboembolisms and with signs of neither dysplasia, nor inflammation, nor malignancy. Cardiovascular analysis did not reveal a source of the ischaemia.

The final diagnosis was type I non-occlusive isolated ischaemic colitis, which mostly affects the left colon and very seldom occurs in the caecum.^{1 2} Type II colon ischaemia (most cases) is caused by hypotension due to shock, or haemodialysis, trauma or vascular occlusion.³ Symptoms include abdominal pain and localised tenderness, haematochezia and leucocytosis. It is usually self-limiting, but in cases with gangrene and/or perforation requires surgical intervention (18–25%) and has a high mortality rate (37%).^{2 3}

Learning points

- ▶ Necrotic lesions of the caecum are a rare cause of right iliac fossa pain.
- ▶ Ischaemic colitis has multiple causes including hypotension and vascular occlusion, but may also occur spontaneous.

Contributors RRJ/CvdB contributed in writing the manuscript and approval of the final version. KAH contributed in critical revision and approval of the final version. JWT was the surgeon on the case, and has contributed in critical revision and approval of the final version.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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To cite: Coebergh van den Braak RRJ, Hartholt KA, Dekker JWT. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2016-214343

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