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## A CURIOUS CASE OF MISSING APPENDIX

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**Introduction:** Auto-amputation of appendix can be considered as one of the cause for “absent” appendix in addition to the other causes. An auto-amputated appendix is often not easily found during exploration for suspected acute appendicitis. The surgeon is then tempted to accept that the appendix is absent.

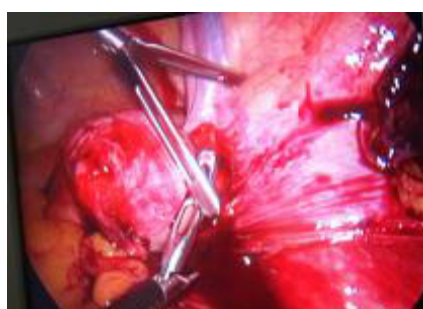
**Case Report:** We present a case of 45-year male who presented in our surgical emergency with complaints of pain right iliac fossa region for last 24 hrs with fever and recurrent episodes of nonbilious vomiting. Making a clinical diagnosis of acute appendicitis, we planned a diagnostic laparoscopy. On exploration we found that the appendix was missing at its usual position. There was a lump in right wall of pelvis; on further exploration of lump we found a swollen tubular structure with both ends blind. Assuming it as amputated appendix auto-implanted in the right pelvic wall, we removed this structure. Histopathological examination report showed it as vermiform appendix with mucocele.

**Conclusion:** We conclude that, before making a diagnosis of absent appendix during appendectomy, we should think of auto-amputation and auto-implantation of appendix at some other place in abdomen. We should remove this appendix as this can be a site of recurrent infection, abscess formation and a diagnostic dilemma in case of pain abdomen

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**Ilio-cecal Junction  
(Absence of Appendix)**



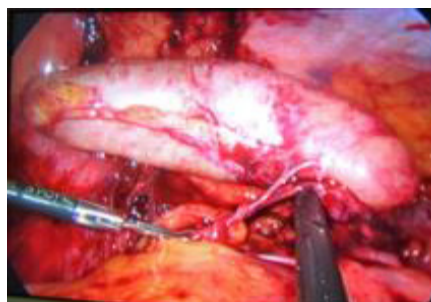
**Lump in right pelvic wall**



**Blind ending tubular structure (Appendix)  
being dissected off from lump**



**Blind ending tubular structure (Appendix)  
being dissected off from lump**



**Dissected Appendix (Mucocele)**



**Dissected Appendix (Mucocele)**