Removal of Appendiceal Fecalith with Colonoscopy

Apendisyal Fekalitin Kolonoskopi ile Çıkarılması

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ABSTRACT

It is generally accepted that fecalith is the main reason of acute appendicitis. In this report, we represented a case that established a fecalith in the appendicial lumen at the colonoscopic investigation. Clinical features of the patient have resolved after removal of the appendicular fecalith with colonoscopy. Patient was prevented from probable appendicitis, which will develop, with colonoscopic intervention.

Key Words: Appendiceal fecalith , colonoscopy, treatment

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ÖZET

Apendisyal fekalit akut apandisitin temel nedeni olarak kabul edilmektedir. Karın ağrısı nedeniyle yapılan kolonoskopik incelemede apendiks lümeninde fekalit saptanan bir olgu sunulmuştur. Kolonoskopik müdahale ile fekalit çıkarıldıktan sonra hastanın kliniği gerilemiştir. Muhtemel bir akut apandisit tablosu yapılan mudahale ile önlenmiştir.

Anahtar Sözcükler: Apendisyal fekalit, kolonoskopi, tedavi

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INTRODUCTION

The fecalith is a rigid stool particle collection seen in the appendicular lumen (1). It is generally accepted that fecalith is the main etiology of acute appendicitis in adults (2). In addition, it may cause chronic appendicitis which is an atypical and chronic presentation of appendicitis believed to result from partial and transient obstruction of the appendix (3). Furthermore, patients may present with recurrent right iliac fossa pain (4). In this report, a case with recurrent abdominal pain that resolved after removal of the appendicular fecalith during colonoscopy is presented.

CASE REPORT

A 29-year-old women presented to our gastroenterology unit with a complaint of abdominal pain. She had been having intermittent periumblical and epigastric pain for three months. Physical examination revealed no abnormal findings, except for epigastric and periumblical tenderness without guarding or rebound. Laboratory results and abdominal ultrasonography of the patient were normal. She had empirically used proton pump inhibitor and Pinaverium bromide which were given by another physician for the same complaint. She did not notice any improvement in her symptoms.

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She underwent upper gastrointestinal (GI) endoscopy and colonoscopy. Upper GI endoscopy revealed antral gastritis, biopsy specimens were taken from gastric antrum. Colonoscopy was normal except for liquid stool in the opening of the appendix (Fig. 1a). It was cleared with washing and suctioning. However, as we came to the entrance of the appendiceal lumen by the tip of the endoscope, a fecalith was seen (Fig. 1b). When we pulled back the colonoscope, the fecalith remained in the appendiceal lumen, and a purulent material was forthcoming (Fig. 1c). We were unable to remove the fecalith with suction, biopsy forceps and polypectomy snare. It was therefore removed by diluting and washing with 180 ml of warm water by using a 60ml syringe (Fig 1d). Histological examination of the antral biopsies revealed Helicobacter pylori (Hp) gastritis. A proton pump inhibitor plus amoxicillin, and clarithromycin were given for eradication of Hp. She was seen in follow-up two months later and reported no recurrence of the symptoms. Hp stool antigen test was also negative.

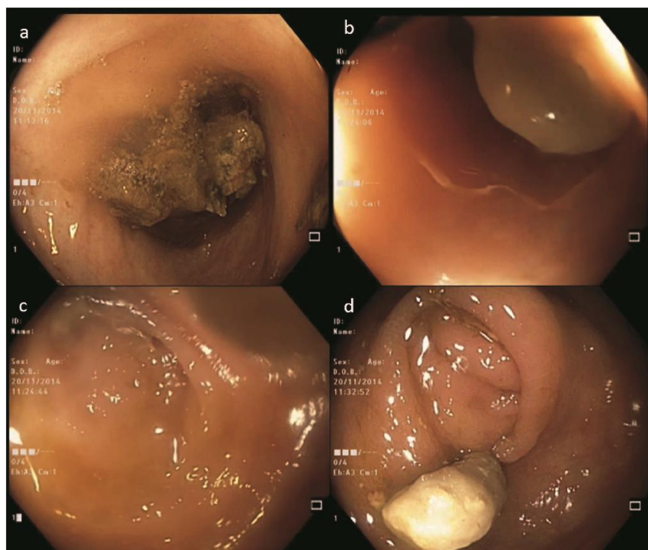

Figure 1. Endoscopic views. Liquid stool on the appendiceal orifice (a). After aspiration of this liquid stool, the colonoscope enter into to the orifice of the appendix and confirmed a fecalith in the lumen of appendix (b). Pus flowing from the orifice while the colonoscope is being pulled back (c). A fecalith was seen in the cecum (d).

DISCUSSION

Acute nonperforated or perforated appendicitis after colonoscopy were reported previously in the literature (5). Our case is the first in the literature. In fact, if we had not aspirated the liquid stools, we would not have seen the fecalith in the appendiceal lumen. We have learned from this case that fecalith can be removed by washing with warm water during a colonoscopy. In our case, we proposed that the patient was prevented from developing appendicitis in the near future (1,2).

Conflict of interest
No conflict of interest was declared by the authors

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