

Case report

Duplex of the Vermiform Appendix

Abstract

Duplication of the Vermiform Appendix is an anomaly of extreme rarity, fewer than 100 cases have been reported all over the world. A twenty-one year old male presented with right iliac fossa pain for two days. Exploration for appendicectomy was done but we found double appendix one acutely inflamed while the other one was

normal. Anomalies of the appendix were more common in children than adults and occurred in 47% of cases. Surgeons should be familiar with surgery of the caecum and appendix because the diseases of this region, especially appendicitis, are the most common indications for surgical exploration.

Introduction

Duplication of the Vermiform Appendix is an anomaly of extreme rarity, fewer than 100 cases have been reported all over the world⁽¹⁾. Wallbridge (1962) classified duplication of appendix into three types. Type A comprises partial duplication of appendix on a single caecum. Type B has a single caecum with two completely separate appendices which subdivided into type B1 which is called bird like appendix, two appendices symmetrically placed on either side of the ileo-caecal valve. Type B2 one appendix arises from the usual site on the caecum, with another, rudimentary appendix arising from the caecum along the line of one of the taenia coli. Type C there are two caeca, each of them bears an appendix⁽²⁾.

The literature reveals little improvement in the diagnosis of the appendicitis over the last five decades, despite advances in imaging and surgical technique. This may be explained by the increasing inclusion of octogenarian patients⁽³⁾. Spontaneously resolving appendicitis occurs in at least one in 13 cases of appendicitis and has an overall recurrence rate of 3.8%, with the majority of cases recurring within one-year.

All Patients were diagnosed on a clinical suspicion of acute appendicitis, whose preoperative leukocyte count and C-reactive protein (CRP) values were unelevated, their appendix were found uninflamed⁽⁴⁾.

Case Report

Twenty-one year old male presented with right iliac fossa pain for two days, the pain started in umbilical region then shifted to the right iliac fossa associated with nausea, vomiting & anorexia. The patient has typical signs & symptoms of acute appendicitis. Exploration for appendicectomy was done but we found double appendix one acutely inflamed while the other one was normal. Each of appendices arises from different site in the caecum with common meso-appendix, it was type B1 duplex appendix & appendicectomy for both was done.

Discussion

Acute appendicitis is the most common cause of the "acute abdomen", but because notification of the disease is not required, the exact incidence is not known. Anomalies of the appendix were more common in children than adults and

occurred in 47% of cases. Surgeons should be familiar with surgery of the caecum and appendix because the diseases of this region, especially appendicitis, are the most common indications for surgical exploration. Usually, diagnosis of appendicitis and appendectomy are not difficult, but atypical location of the appendix or other anatomic anomalies can make the diagnosis of appendicitis and appendectomy difficult. In cases of atypical anatomy or diffuse clinical picture, especially in young adults or elderly patients, the spectrum of embryologic and anatomic anomalies must be kept in mind to make the correct treatment decision for individual patients. If doubt persists, explorative laparotomy must be performed to avoid overlooking rare acute intra-abdominal abnormalities⁽⁵⁾. An uninflamed appendix at appendectomy represents a misdiagnosis⁽⁶⁾.

Laparoscopic appendectomy has not yet become a stable part of surgical armamentary, as has laparoscopic cholecystectomy⁽⁷⁾. But when it become routine procedure we must put the anomalies of appendix as in gallbladder in our mind.

References

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References

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