Department of Obstetrics and Gynecology

Chronic Appendicular Abscess Presenting as a Complex Adnexal Mass: A Case Report

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Obstetrics and Gynecology

Introduction

We present an unusual presentation of a chronic appendicular abscess. A 57-year-old presented to the emergency department with acute on chronic abdominal pain, worsening abdominal distention and decreased appetite. Abdominal imaging revealed the presence of multiseptated cystic right adnexal mass, concerning for metastatic ovarian carcinoma. Intra-operatively the diagnosis of a likely chronic ruptured appendix at the base of the colon was confirmed. Chronic appendicitis is a clinical oddity and is often associated with an extensive and often prolonged diagnostic course.

Case Report

Post-menopausal 57-year-old female was admitted from the Emergency Department for acute on chronic abdominal pain, worsening abdominal distention and decreased appetite. The patient reported a history of chronic abdominal pain, previously relieved by conservative methods but progressively worsening over the past several months. Prior to presentation, the patient noticed an acute change in the duration and severity of pain.

On admission, the patient was normotensive and afebrile. Patient had a leukocytosis with a white count at 19.2 and was anemic with a hemoglobin at 9.7, hematocrit at 28.8 and platelet count of 734. A wet prep and gonorrhea/chlamydia swabs resulted negative. All remaining labs were within normal limits. On physical exam the patient appeared to be in mild distress due to abdominal pain. She exhibited abdominal distention with an ascites fluid wave and moderate tenderness in the right lower quadrant. A CT of the abdomen and pelvis reported diffuse multifocal loculated pockets of ascites throughout the abdominal cavity and omentum with a multiseptated cystic right adnexal mass measuring 5.8 x 5.1 (Figures 1, 2)

Due to high suspicion of malignancy secondary to omental findings and abdominal ascites a Gynecologic Oncology (Gyn Onc) consult was placed. Following a consultation by Gyn Onc, a CA-125 returned at 70 (normal less than 35) and CT guided biopsy of metastatic area was ordered in the case that neoadjuvant therapy would be needed, however, no tissue biopsy of metastatic area was obtained. After an unsuccessful CT guided biopsy, it was decided to proceed with exploratory laparotomy.

Results

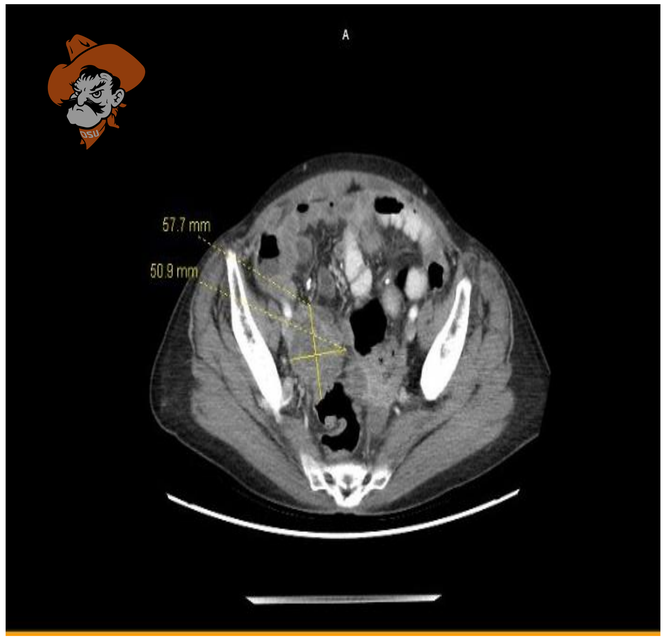

Figure 1: CT Abdomen Pelvis With Contrast- multiseptated cystic right adnexal mass measuring 5.8 x 5.1

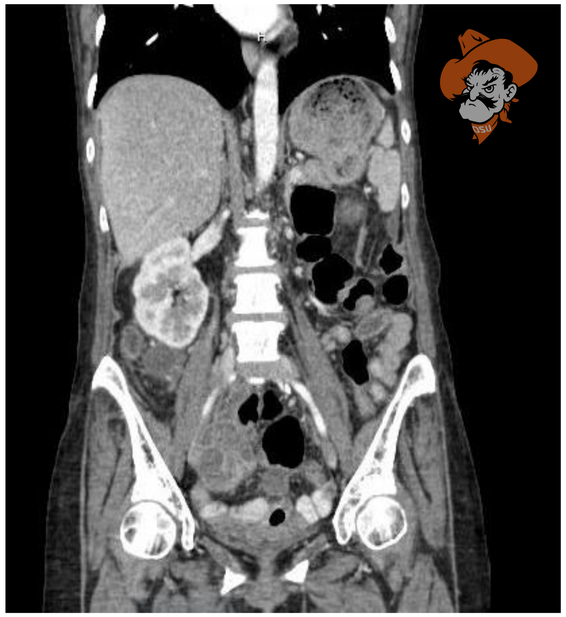

Figure 2: CT Abdomen/Pelvis- Diffuse multifocal loculated pockets of ascites throughout the abdominal cavity, with a multiseptated cystic right adnexal mass, concerning for metastatic ovarian carcinoma.

Case Report continued

Secondary to suspicion of a advanced malignant process, an exploratory laparotomy was performed. Upon entry into the fascia, grainy and light green colored debris came through the incision. Incision was slowly opened and an extensive adhesiolysis was undertaken. There were multiple foci of abscesses containing thick purulent materials encountered between loops of bowel in the bowel mesenteries. After approximately 3 hours of adhesiolysis, the bowel was freed adequately to gain exposure to the pelvic cavity. What appeared to be a probable chronic appendicular abscess was identified. Stat cultures were obtained and a Gram stain was sent intraoperatively which demonstrated gram-positive cocci. After evaluation by trauma surgery the diagnosis of a likely a ruptured appendix at the base of the colon was confirmed. It appeared that rupture had sealed off and that all the abscesses were probably chronic, explaining the lack of smell. A portion of the appendix protruded into the retroperitoneum, this was removed separately from the stump. Findings from the operation were consistent with a final diagnosis of chronic abdominal abscesses secondary to chronic appendicitis with ascites, edematous bowel, multiple enterotomies, and numerous serosal and muscularis injuries to the small bowel and sigmoid colon

Discussion

Chronic appendicitis (CA) is a rare clinical entity with an incidence of 1.5% in all cases of chronic abdominal pain of unknown etiology. CA poses as a diagnostic and therapeutic dilemma for clinicians since a majority of patients present with atypical symptoms. It is very rarely thought to be the primary diagnosis due to the low frequency of occurrence. Complications such as perforation or abscess formation can occur when patients are improperly or inappropriately treated. The atypical presentation of chronic appendicitis often leads to work up for other potential etiologies and ultimately provides no definitive answers.

Conclusion

Management of adnexal masses must be carried out in a timely and efficient manner. Obtaining the correct diagnosis of adnexal masses can pose a difficlut challenge. As no screening technique is currently available, many ovarian malignancies are detected once masses become symptomatic, which tends to be in advanced stages. Chronic appendicitis is a clinical oddity and can be challenging for most clinicians to diagnose. A postmenopausal patient with chronic worsening abdominal pain, distention, and decreased appetite presenting with an complex adnexal mass and ascites is highly suspicious for ovarian malignancy. It is imperative to thoroughly review all images and consider subsequent imaging modalities to ensure infectious etiologies are excluded but ultimately diagnostic operations may be inevitable.