

Unveiling Atypical Appendicitis: A Diagnostic Dilemma

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ABSTRACT

This case study presents a rare and atypical presentation of appendicitis in a 35-year-old female patient. The patient exhibited symptoms that initially mimicked other gastrointestinal conditions, leading to diagnostic challenges and delayed treatment. Through careful examination and diagnostic tests, the patient's condition was correctly identified, highlighting the importance of considering atypical presentations of common ailments.

INTRODUCTION

Appendicitis is a prevalent surgical emergency characterized by inflammation of the appendix. Typically, it presents with classic symptoms such as right lower quadrant abdominal pain, nausea, vomiting, and fever. However, in some cases, the presentation may be atypical, posing diagnostic challenges to healthcare providers.

CASE PRESENTATION

A 35-year-old female presented to the emergency department with complaints of persistent abdominal discomfort and diarrhoea for the past three days. She reported no significant medical history except for occasional episodes of irritable bowel syndrome. On examination, she appeared uncomfortable, with tenderness in the right lower quadrant of the abdomen. Laboratory investigations revealed a mild leukocytosis, but other parameters were within normal limits. Given her symptoms and examination findings, a provisional diagnosis of gastroenteritis was considered, and supportive management was initiated.

Despite conservative treatment, the patient's symptoms persisted, and she developed worsening abdominal pain localized to the right lower quadrant. A repeat examination revealed increased tenderness and rebound tenderness in the same area. A computed tomography (CT) scan of the abdomen was performed, which revealed an inflamed appendix with peri-appendiceal inflammation, confirming the diagnosis of appendicitis.

The patient underwent an emergent laparoscopic appendectomy, during which a gangrenous appendix was identified and removed.

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Postoperatively, she had an uneventful recovery and was discharged home in stable condition [1-7].

DISCUSSION

This case highlights the challenge of diagnosing appendicitis, especially when the presentation is atypical. In this case, the initial symptoms of abdominal discomfort and diarrhea led to a provisional diagnosis of gastroenteritis, delaying the definitive management. It underscores the importance of considering appendicitis in the differential diagnosis of patients presenting with abdominal pain, even in the absence of classical symptoms.

CONCLUSION

Appendicitis can present with a wide range of symptoms, and atypical presentations may mimic other gastrointestinal conditions, leading to diagnostic challenges and delayed treatment. Healthcare providers should maintain a high index of suspicion for appendicitis, especially in patients with persistent abdominal pain, and utilize imaging modalities such as CT scan to aid in diagnosis. Early recognition and prompt surgical intervention are crucial to prevent complications and ensure favorable outcomes for patients.

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