

## Chronic Appendicitis: The Other Facet of Appendicitis

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### Abstract

Unlike acute appendicitis, chronic appendicitis is a rare condition that represents areal maze for clinicians and radiologists.

Usually chronic appendicitis is a missed diagnosis, the patient presents atypical symptoms.

The most accurate exam for diagnosis is CT.

We report a case of young women with chronic abdominal pain, we discover after abdominal CT a chronic appendicitis.

**Keywords:** Chronic Appendicitis; Facet of Appendicitis

### Introduction

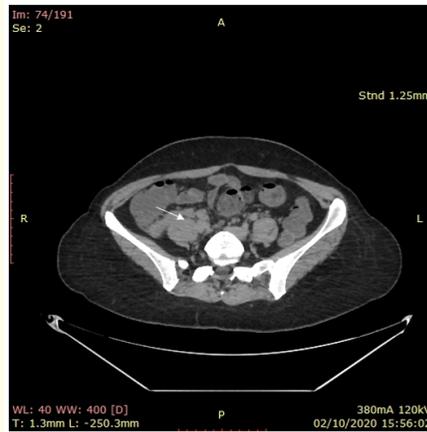
30 years old women, with history of chronic abdominal pain. The symptoms began 6 months ago with sharp discomfort in the right abdomen. This pain lasts 24 hours, located in the right lower quadrant with no aggravating or relieving factors, mimicking acute appendicitis associated with diarrhea and nausea.

Physical examination found tenderness in the right lower quadrant with soft abdomen, no peritoneal signs or palpable mass. We notice that the entire blood exam was normal.

Water enema multi-row computed tomography showed dilated and thickened distal tip of the appendix with homogeneous enhancement, caecal bowel, last ileal loop and terminal ileum don't present any parietal or enhancement anomalies. There was no periappendicular fat stranding (Figure 1 to 3).



**Figure 1:** Coronal Computed Tomography Scan Of The Abdomen Demonstrating A Thickened And Dilated Appendix (Arrow).



**Figure 2:** Axial Computed Tomography Scan Of The Abdomen Demonstrating A Thickened Appendix (Arrow).



**Figure 3:** Sagittal Computed Tomography Scan (MIP) Of The Abdomen Demonstrating A Thickened And Dilated Appendix (Arrow).

## Discussion

The chronic presentation of appendicitis is less common, the symptoms could mimic acute appendicitis. Recurrent appendicitis is defined as one or more episodes of acute appendicitis, usually, lasting 24 to 48 h, and it subsides on its own [1].

The cause of chronic appendicitis may be partial but persistent obstruction of the lumen [2].

In the right iliac fossa the pain could be related to different diagnostic entities other than appendicitis, especially crohn's disease that affects young adults, and has common point with chronic appendicitis, recurrent pain in right iliac fossa associated diarrhea and

perturbed inflammatory markers. Colonoscopy and water enema multi-row computed tomography, with or without bowel preparation, found segmental and discontinuous mural thickening with intense contrast enhancement of the inflamed mucosa [3].

Lithiasis disease especially uretric calculus may cause chronic pain in the right lower quadrant, gynecological conditions are fairly common cause of pain in the iliac fossa, but the differential diagnosis of these conditions must rest with the specialist [4].

Abdominal CT is considered the test of choice for patients with right lower quadrant pain [2]. According to Roa., *et al.* [2] and Chekoff., *et al* [5], CT findings of acute and chronic are similar and show appendiceal diameter of more than 6 mm, an appendiceal wall thickening of > 3 mm, appendicolith, periappendiceal inflammatory changes, adjacent adenopathy, adjacent bowel wall thickening, and focal caecal wall thickening [6].

The complications of chronic appendicitis may include perforation, abscess, peritonitis and risk of infertility especially for women [7].

Appendectomy represents the main treatment in a large majority of patients, and pathology analysis finds lesions that are encountered usually only in chronic processes [8].

Most patients with chronic appendicitis describe pain relief after appendectomy.

### Conclusion

Chronic appendicitis represents one of rare diagnosis that deserves to be included in the differential diagnosis of longstanding or recurrent abdominal pain of right iliac fossa.

CT represents the key of diagnosis, and elective appendectomy could be curative.

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