

## Twisted "appendix epiploica" as extraordinary cause of discomfort at the right lower abdomen and rare differential diagnosis of acute appendicitis - a representative case

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**Introduction:** Appendicitis can be considered the most frequent cause of discomfort at the right lower abdomen. Simultaneously, it is the most frequent indication for a surgical intervention. In addition, there is a broad spectrum of differential diagnoses, which can lead to a very challenging finding-specific management in good time as found out in the presented case.

**Case description:** A 44-year old female patient was transferred to the surgical department because of discomfort of the right lower abdomen with changing intensity which had persisted since the day before. Patient showed a reduced but stable clinical status (normosomic nutritional status; no relevant accompanying diseases). Previous oral nutrition was normal. Clinical examination revealed pain by palpation at the right lower abdomen. Laboratory parameters: White blood cell count, 8.2Gpt/L; CrP, 10.4mg/L; urine with no pathological finding; no increased serum  $\beta$ -HCG level. Transabdominal ultrasound as orienting initial imaging detected free fluid around the cecum and along the right iliac vessels (appendiceal diameter, approximately 6.5mm) – in summary, no sign of appendicitis with certainty. Because of a persisting symptomatology, indication for a surgical intervention was derived (intraoperatively, laparoscopic appendectomy and partial resection of the greater omentum). Postoperative course was uneventful (no general/specific complications, wound healing was properly, initiation of oral nutrition and mobilization were well tolerated). Pathohistological investigation revealed lipofibromatosis of the appendage of the cecum with attached necrotic fat tissue and hemostasis, which can be associated with the diagnosis of a twisted appendix epiploica (no hint for malignant tumor growth).

**Results and Conclusions:** The finding as presented occurs very rarely (approximately, 0.2%), which was initially misinterpreted as appendicitis with regard to symptomatology, ultrasound and laboratory findings. A definite diagnosis became only possible during the postoperative course by pathohistological investigation (suspicion already raised by intraoperative inspection aspects). Taking the final diagnosis into account, the question of a necessary indication for surgical intervention can be brought up, which can not be circumvented in case of unclear findings and

medical history according to the surgical policy ("case of doubt"). However, as a consequence a more intense and extended diagnostic including a well developed clinical experience level as well as the clinical suspicion can be derived and concluded. This was an exciting and instructive case from a didactic point of view (relevant also for medical students) with rare occurrence in daily clinical practice, which includes the whole spectrum of differential diagnoses of i) unclear discomfort at the right lower abdomen in general and ii) acute appendicitis specifically.

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## Perianal mucinous adenocarcinoma presenting as recurrent perianal sepsis

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**Introduction:** Mucinous adenocarcinoma can rarely present as recurrent perianal sepsis and may be defined by specific neoplastic involvement of perianal tissue in the absence of rectal mucosal carcinoma. It accounts for less than 5% of tumours in this region. These tumors are usually well-differentiated and present late because of their insidious slow growing nature. These lesions are often mistaken for a benign condition like perianal fistula and abscess. Neoadjuvant radiotherapy and radical resection of mucinous adenocarcinoma with abdominoperineal resection is the treatment of choice. We present such a case along with a review of literature concerning its etiopathology.

**Case description:** A 68-year-old man presented with 6 episodes of perianal sepsis over the course of a year. He had no history of previous perianal sepsis, diabetes or Crohns disease. His past medical history included ischaemic heart disease. He was a previous smoker, with a 20-pack year smoking history. The patient underwent examination under anaesthetic and incision and drainages of perianal abscesses on multiple occasions. A pelvic MRI scan demonstrated the fistulous tract and a chronic abscess. Initial biopsies taken from the rectal mucosa and fistula tract were unremarkable. However, biopsies taken during his sixth examination under anaesthetic revealed mucinous adenocarcinoma.

**Results:** Patient had neoadjuvant radiotherapy followed by curative abdominoperineal resection (APR) with satisfactory outcome.

**Take home message:** Expeditious identification and management is associated with favourable outcomes. In patients presenting with ongoing perianal sepsis, one should have high index of suspicion and the diagnosis of mucinous adenocarcinoma should be considered.

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