Coincidental Acute Appendicitis with Retrograde Menstruation Diagnostic Miscorrelations

'Case Report'

AKUT APENDİSİT İLE BİRLİKTE RASTLANTISAL RETROGRAD MENSTURASYON TANI UYUMSUZLUKLARI

Ercüment Hayrı TEKİN*, Fent TANERİ*, Emin ERSOY*, Reha YAVUZER*

* Dr.Gazi Üniversitesi Tıp Fakültesi Genel Cerrahi AD, ANKARA

Summary

Objective: To present a case of a acute surgical condition of the abdomen, clinical diagnosis of acute appendicitis which does not correlate the operative diagnosis of the surgeon as well as the diagnosis of the surgeon does not con­elate the histopathologic diagnosis of the pathologist.

Institute: Gazi University Medical School Department of General Surgery

Material and Method: A patient with acute abdomen who was operated with a clinical diagnosis of acute appendicitis.

Results: The patient was operated with a clinical diagnosis of acute appendicitis but operative diagnosis was retro­grade menstruation and even though the appendix seemed normal, appendectomy was performed and the histopathological diagnosis was found to be acute appendicitis.

Conclusion: Patient who are operated for the diagnosis of acute appendicitis and found to have, another pathology that can explain the signs and symptoms, appendectomy should be performed, because sometimes it can not be possible to differentiate normal from inflamed appendices in a considerable percent of patients or if other pathologic finding has a risk of relapse.

Key Words: Acute appendicitis, Retrograde menstruation, Appendectomy

Objectif: Présenter un cas d’une conditions chirurgi­lique aiguë de l'abdomen, diagnostic clinique d’appendicite aiguë qui ne corrobore pas le diagnostic opératoire du chirurgien ainsi que le diagnostic du chirurgien ne corres­pond pas à celui du pathologiste.

Institut: Faculté de Médecine de l’Université de Gazi, Département de Chirurgie Générale

Matériel et Méthode: Un patient avec abdomen aigu qui a été opéré avec un diagnostic clinique d’appendicite aiguë.

Résultats: Le patient a été opéré avec un diagnostic clinique d’appendicite aiguë mais le diagnostic opératoire a été la menstruation rétrograde et bien que l’appendice semblait normal, l’appendicectomie a été effectuée et le diagnostic histopathologique a été trouvé être d’appendicite aiguë.

Conclusion: Les patients qui sont opérés pour le diagnostic d’appendicite aiguë et qui présentent une autre maladie qui explique les symptômes, l’appendicectomie devrait être effectuée, parce que parfois il n’est pas possible de distinguer le normal de l’inflammé des appendices dans un pourcentage considérable de patients ou si d’autres trou­vailles pathologiques ont un risque de récidive.

Mots-clés: Appendicite aiguë, Ménopause rétrograde, Appendicectomie

Anahtar Kelimeler: Akut apendisitis, Retrograd mensturasyon, Apendektomi
possibly due to an expanded differential diagnosis that includes ovarian cysts, pelvic inflammatory disease and ectopic pregnancy (3). The operative diagnosis of the surgeon is based upon the gross infection signs of the appendix. Therefore, misdiagnosis are inevitable as 19% of the patients having a peroperative diagnosis of normal appendices grossly were found to have acute appendicitis and 7.7% of them who were diagnosed as acute appendicitis, were intact normal.

Case

A 20 year old female patient was admitted to the Department of General Surgery of Gazi University, Medical Faculty Hospital on August 8, 1994 with complaints of abdominal pain, anorexia during that particular menstruation period. Her menstruation was started three days ago with her usual complaint of dysmenorrhea. Eighteen hours ago a more severe pelvic pain was superimposed accompanying with anorexia and nausea without vomiting.

Although her vital signs were all in normal range, physical examination revealed tenderness of entire abdominal wall but especially the lower quadrants. Muscular resistance was found during the palpation of the lower abdominal wall mostly in the right side. Direct and indirect rebound tenderness were present significantly in the right lower quadrant. Rousing's sign was positive. She had a leukocyte count of 11.600/mm³ and her urinalysis revealed microscopic hematuria due to her menstruation. Two distended small bowel loops in the right lower quadrant were the only findings in the plain abdominal x-rays. Ultrasonography showed minimal pelvic and right paracolic fluid collection.

Patient was taken to operating room with a preoperative diagnosis of acute appendicitis two hours after the admission. After having an access to the abdominal cavity with a Rockey-Davis incision, abdominal exploration revealed 50 cc of pelvic blood collection and appendix seemed to be normal. Intraabdominal blood was evacuated and there was no evidence of endometriosis. Operative diagnosis was concluded as retrograde menstruation as the blood was escaping from fallopian tubes. Keeping in mind that retrograde menstruation is a pathology that can repeat, an appendectomy was performed even the appendix was thought to be normal. During the recovery period and early postoperative days her pelvic pain complaints continued and required analgesia. Contraversory to the operative diagnosis histopathologic examination result was acute appendicitis. Patient was discharged without any complication.

Discussion

Acute appendicitis is the most common acute surgical condition of the abdomen. The differential diagnosis of acute appendicitis is essentially the diagnosis of the ‘acute abdomen’. Accuracy of preoperative diagnosis is about 75% to 85% (3-5). The disease processes confused with appendicitis are also surgical problems or if not, are not made worse by operations. Rarely acute appendicitis is found histopathologically after a peroperative diagnosis of another condition. Most common erroneous preoperative diagnosis in descending order of frequency are lymphoid hyperplasia, no organic pathologic condition, acute pelvic inflammatory disease, twisted ovarian cyst, graafian follicle and gastroenteritis (3,6,7). Endometriosis and retrograde menstruation are very rarely encountered for the differential diagnosis of acute appendicitis (3). Retrograde menstruation that can have related symptoms such as dysmenorrhea and infertility (8), is a common and physiological event in menstruating women with patent tubes. Diagnosis of retrograde menstruation is based on the observation of blood escaping from the fallopian tubes during the operation of menstruating women (8).

In this case the retrograde menstruation diagnosis was based on the finding of blood escaping from the fallopian tubes as mentioned above. Although the appendix was appeared normal and there was another pathology that could explain the symptoms and signs, appendectomy has to be performed as the retrograde menstruation is a relapsing condition. As in this particular case, appendectomy should be performed even though there is another pathology found during the operation which appendectomy does not increase the mortality or morbidity of the patient. In the light of this case it could be possible to conclude that for eliminating
the operative diagnosis of acute appendicitis, the surgeon can rely on solely to the classical signs of infection in the appendix even though there is an abdominal pathology that can explain the present condition (6).

Patient who are operated for the diagnosis of acute appendicitis and found to have another pathology that can explain the signs and symptoms, appendectomy should be performed for two reasons; First, if other pathologic finding has a risk of relapse, to eliminate the possible problems in differential diagnosis of acute appendicitis in the future. Secondly, it can not be possible to differentiate normal from inflamed appendices in a considerable percent of patients so, acute appendicitis could be present coincidentally even though the surgeon's gross operative diagnose was normal appendix as in this case (3).

REFERENCES