Primary torsion and necrosis of the vermiform appendix in a child: A case report

Çocukta vermiform apendiksin primer torsiyon ve nekrozu: Olgu sunumu

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ABSTRACT

Acute appendicitis is the most common cause of acute abdominal pain orienting on the right lower quadrant in children. Some other conditions including torsion of the vermiform appendix can simulate acute abdomen. A three- year- old female child was reported to be suffering from acute right abdominal pain. During the routine appendectomy procedure, necrotic vermiform appendix was found which was twisted in clockwise direction. To the best of our knowledge, our patient is the youngest one among cases with twisted vermiform appendicitis that had been reported in the literature.

Keywords: Necrosis, appendix, child

INTRODUCTION

Acute appendicitis is the most common cause of acute abdominal pain localized on the right lower quadrant in children. Some other conditions including torsion of the vermiform appendix can also simulate acute abdomen. Torsion and necrosis of the vermiform appendix are rarely seen in children. The signs and symptoms are similar to that of acute appendicitis and the diagnosis is usually made at the time of surgery1. There have been few and sporadic descriptions of these conditions in the international literature since the initial description by Payne in 19182-7. To the best of our knowledge this case is the youngest one among the patients with primary torsion and necrosis of the vermiform appendix reported to date.

CASE REPORT

A 3-year-old girl presented with acute right lower quadrant pain that started six hours ago. Her family sta-
DISCUSSION

Torsion and necrosis of vermiform appendix is a very rare condition in children which simulates acute appendicitis. Since the first description of the torsion of vermiform appendix by Payne in 1918\(^2\) there are few reports about pediatric cases. Even most of them were secondary torsions (lipomas, mucoceles)\(^{6,9}\). In all cases the clinical condition was indistinguishable from acute appendicitis\(^7\). The site of the torsion is most frequently \(\geq 1\) cm away from the appendiceal basis. Even the direction of the rotation is most frequently anticlockwise\(^{10}\), in our case appendix was rotated clockwise direction. Malik\(^{11}\) states that the infarcted appendix has a characteristic sonographic appearance as a hyperechoic non-compressible ovoid structure near the colonic wall.

The aetiology of the condition is uncertain. Merrett et al.\(^{12}\) suggested several hypothesis to explain this event in their review letter. It is uncertain if the inflammation causes torsion of the appendix or vice versa.

CONCLUSION

Torsion and necrosis of the vermiform appendix is an extremely rare pathological entity in children and it is indistinguishable from acute appendicitis.

REFERENCES