

◆ IMAGEN DEL NÚMERO

Solución del caso: Cutaneous fistula and abdominal pain

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Complicated acute appendicitis with psoas abscess and spontaneous drainage through a cutaneous fistula.

This report describes the unique occurrence of psoitis as a complication of acute appendicitis. Computed tomography scan of abdomen and pelvis revealed a muscle abscess, subcutaneous inflammatory signs and an enlarged appendix with appendicoliths and surrounding fat stranding along with a fistulous tract containing gas between paravertebral muscles and skin. Fistulous tract is seen in the sagittal view of CT scan. A presumptive diagnosis of complicated appendicitis was proposed and an evaluation of the surgeon was requested. The patient underwent open appendectomy the next day. His recovery was uneventful with hospital discharge in four days.

Appendicitis is the most common acute abdominal syndrome that demands surgical intervention in developed countries. Diagnosis relies on a comprehensive history and clinical examination, but it is not always straightforward. Although diagnosis is predominantly a clinical one, radiological tests may

be useful. The major complication of appendicitis is perforation, which can lead to abscess, peritonitis, pylephlebitis and fistulas.¹

The psoas muscle is a retroperitoneal muscle, that lies in close proximity to many organs, such as appendix, jejunum and sigmoid colon. Thus, infections from these adjacent organs can spread to the psoas muscle, leading to secondary infection. Secondary psoas abscess, which is generally related to enteric bacteria, is more prevalent than primary abscess and it also presents a higher mortality rate.^{2,3}

Despite the achievements in the field of diagnostic medicine, acute appendicitis still stands as a challenge in clinical practice.

References

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3. Deorah S, Seenu V, Pradeep KK, Sharma S. Spontaneous appendico-cutaneous fistula-a rare complication of acute appendicitis. *Trop Gastroenterol* 2005;26:48-50.