A Case of a Cecal Abscess Masquerading as Malignancy and Appendicitis

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INTRODUCTION

A cecal abscess is rare in clinical practice and when present occurs most often in the setting of appendicitis, diverticulitis, or inflammatory bowel disease.[1] Here, we present a case of a cecal abscess without obvious etiology where imaging was suggestive of malignancy and clinical presentation and endoscopic findings were suggestive of acute appendicitis.

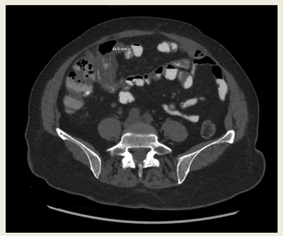

Figure 1. Axial image showing thickening of the base of the cecum

Figure 2. Axial image showing thickened appendix, per-appendiceal stranding. Multiple scattered mesenteric lymph nodes, reactive

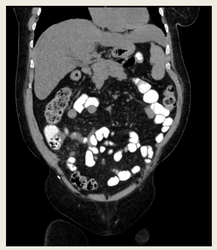

Figure 1c. Coronal image showing thickening of the terminal ileum

Case Description

A 54-year-old women presented with 1 day of acute right lower quadrant (RLQ) abdominal pain associated with nausea, vomiting, and fevers.

Her notable past medical history included cirrhosis of the liver due to non-alcoholic steatohepatitis (NASH), type II diabetes mellitus complicated by gastroparesis, prior colon polyps with family history of colon cancer. Notable past surgical history included subtotal gastrectomy and cholecystectomy. Notable medications included gabapentin, lorazepam, pantoprazole, sertraline, sulfasalazine, as well as biweekly infusions of Belapectin (a galatin-3 inhibitor) for NASH cirrhosis.

On exam, her vitals included a heart rate of 103 beats per minute, blood pressure 161/85 mm Hg, and temperature 98.6 °F. She appeared uncomfortable, abdominal exam revealed RLQ tenderness with rebound and right inguinal lymphadenopathy. Rovsing's sign was negative. Labs revealed WBC 5,400/cmm, Hb 12.6 gm/dl and platelet count of 172,000/cmm. CT abdomen and pelvis showed diffuse circumferential wall thickening of the base of the cecum including appendix, mild wall thickening of the terminal ileum, mild peri-appendiceal stranding and several small nodes in the right lower quadrant (Figure 1). Imaging findings were concerning for malignancy so a colonoscopy was pursued.

Colonoscopy (Figure 1) revealed normal colonic and terminal ileal mucosa but was notable for pus seen emanating from the appendiceal orifice. Given this finding, the patient went to the operating room out of concern for appendicitis. She had a laparoscopy which showed a 1.5 – 2.0 cm mass at the base of the appendix and a right hemicolectomy was done. Pathology showed cecal intramural acute and chronic inflammation, extensive necrosis, abscess formation, serosal adhesion and acute serositis. The patient had an uneventful recovery.

DISCUSSION

This case highlights a unique presentation of a cecal abscess masquerading as malignancy and appendicitis. The endoscopic finding of pus emanating from the appendiceal orifice was unique and led to a surgical diagnosis. This case emphasized the importance of maintaining a broad differential when evaluating a patient.

Figure 4. Colonoscopy revealing pus emanating from the appendiceal orifice

REFERENCES

Fiume I, Napolitano V, Del Genio G, Allaria A, Del Genio A. Cecum cancer underlying appendicular abscess. Case report and review of literature. *World J Emerg Surg*. 2006;1:11. Published 2006 Apr 4. doi:10.1186/1749-7922-1-11