Laparoscopic diagnosis and treatment of an acute epiploic appendagitis

Acute epiploic appendagitis is a rare inflammatory condition that results from torsion of an epiploic appendix with compromise of its blood supply or by venous thrombosis of its draining system [1]. The clinical signs of this entity condition are nonspecific. Although pain is acute in most cases and the symptoms depends on the localization of the appendage. It may simulate either a diverticulitis or an acute appendicitis [2]. The preoperative diagnosis is commonly made at abdominal CT-scan that showing an oval lesion less than 5 cm in diameter that has a same attenuation that a fat, and it is surrounded by inflammatory changes [3]. Radiologic findings could prevent unnecessary surgery using a conservative treatment with oral anti-inflammatory medication, and antibiotics [4]. Laparoscopy may allow an invasive diagnosis that can provide an accurate diagnosis and treatment.

Figure 1: A laparoscopic view showed an acute appendagitis.

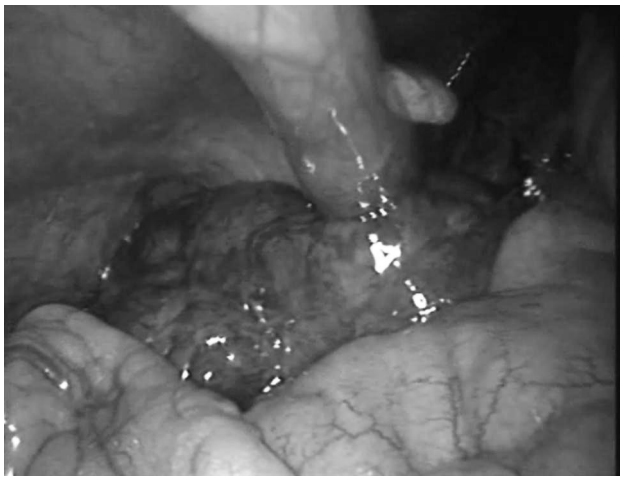

Figure 2: The pedicle of the appendagitis was clipped then sectioned.

Clinical Case

A 30-year-old male with no past medical history was admitted to our surgical department with abdominal pain and nausea for 2 days. It was sharp and acute in onset and maximum on the lower quadrant. The physical examination found a diffuse abdominal tenderness with no other physical findings. White blood cell count was 10000 / mm3, and the rest of the laboratory tests were within normal limits. Ultrasound examination of the abdomen was normal. An emergency diagnostic laparoscopic procedure was performed under general anesthesia with a diagnosis of an acute appendicitis. Per operative exploration found a 5 cm ischemic epiploic appendix of sigmoid. The pedicle was clipped than sectioned. The mass was retrieved by the left lower quadrant port. The postoperative course was uneventful.

Références

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Macro géode d'hyperpression de la tête fémorale sur coxarthrose dysplasique

La macro géode unique d'hyperpression est une lésion rare [1, 2] qui pose surtout un problème de diagnostique étiologique. Nous rapportons une observation de macro géode unique d'hyperpression.

Observation :

Mlle Z.H. âgée de 20 ans, appendicectomisée en 1990, consulta pour des douleurs spontanées mécaniques de la hanche droite, évoluant depuis 3 ans. Un an auparavant, elle a présenté une aggravation progressive de la douleur réduisant le périmètre de marche à moins de 200 m. Cette patiente ne rapportait pas de fièvre ni d'amaigrissement. A l'examen la marche était normale, la station debout était stable, l'accroupissement était complet, mais le relèvement était douloureux du côté droit. La hanche droite était en flessum de 10° et sa mobilité était cotée à 120/-10,45/ 30, 60/30. Les différents repères osseux de la hanche étaient indolores à la palpation. L'examen du rachis était normal. Le bilan biologique n'objectivait pas d'anomalies (VS =18 mm à la première heure, globules blancs = 6000/mm3). La radiographie standard révélait une volumineuse géode