Colonoscopy in Acute Appendicitis

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Picture 1.

A 46-year-old man with fluctuating abdominal pain and slight elevation of inflammatory markers (C-reactive protein 22.2 mg/L, normal <5) was referred for ileocolonoscopy after surgical evaluation including a non-diagnostic ultrasound examination. Endoscopy revealed an appendiceal orifice with profound intraluminal bulging (Picture 1A) and spontaneous purulent discharge as well as minor mucosal erythema (Picture 1B). The patient underwent an uneventful appendectomy including cecal pole resection. Final pathologic evaluation confirmed the presence of ulcero-phlegmonous appendicitis with accentuated involvement of the appendix base.

The diagnosis of acute appendicitis is occasionally made by endoscopy in the presence of atypical symptoms and inconclusive imaging findings (1). In such a setting, endoscopic evaluation may help to rule out differential diagnoses, e.g. ileocecal tumors or inflammatory bowel disease (2). Endoscopic features include orificial bulging and edematous mucosal alterations. Sometimes, active putride secretion is present, potentially contributing to an attenuation of the clinical course.

References

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