Acute Mesenteric Adenitis Mimicking Appendicitis in an HIV Patient

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Picture 1.

A 24-year-old young man presented with a 2-day history of acute postprandial periumbilical pain radiating to the right lower quadrant (RLQ). The characteristic of pain was dullness and it was accompanied by fever, nausea and general malaise. Physical examination showed rebound tenderness and muscle guarding at RLQ. Abdominal computed tomography (CT) was performed for differentiating acute appendicitis but revealed numerous enlarged lymph nodes along the ileocolic vessels with unremarkable appendix (Picture 1, 2). Repeated laboratory tests showed progression of leukopenia and the patient confessed to homosexual activity. The HIV antibody was detected with Western blot confirmation and high HIV-viral load ($>10^7$ copies/mL). The patient responded well to antibiotic therapy without surgical management.

Picture 2.

The diagnosis of appendicitis can be difficult because many inflammatory problems may mimic appendicitis (1). Acute mesenteric adenitis with enlarged mesenteric lymph nodes at the right lower quadrant does not occur in the general, immunocompetent adult population (2). Clinicians should be aware of this condition and carefully determine if surgical intervention is required.

The authors state that they have no Conflict of Interest (COI).

References

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