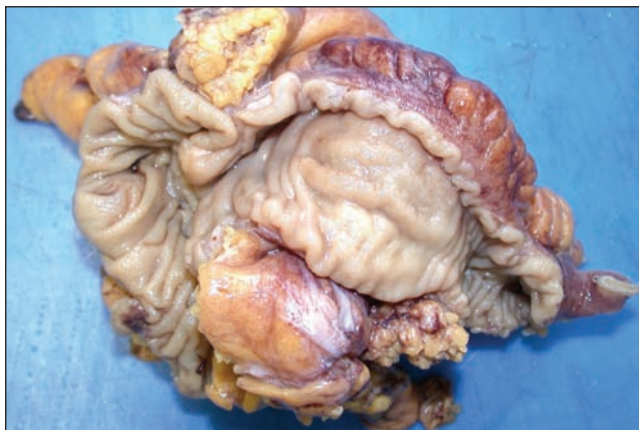


## Stump appendicitis – a cautionary tale of appendicitis after appendicectomy

**To the Editor:** A 41-year-old woman presented with a 10-day history of recurrent sharp abdominal pains over a dull aching background, localised to the right lower quadrant. She had associated fever and sweating. There were no bowel, urinary or vaginal complaints. Of note, the patient had undergone laparoscopic appendicectomy 3 years previously. Clinically, a firm smooth tender mass was felt in the right lower quadrant. Laboratory tests were normal except for moderately raised C-reactive protein (CRP). An abdominal ultrasound scan confirmed a right iliac fossa mass measuring 27×15 mm with mixed echogenicity containing air related to the bowel. Exploratory laparotomy revealed this to be an inflammatory caecal mass. Limited right hemicolectomy was undertaken to remove the mass along with affected bowel (Fig. 1). The postoperative course was uneventful, with complete resolution of symptoms. Histopathological analysis confirmed the clinical suspicion of recurrent appendicitis in the appendix stump.



**Fig. 1.** Stump appendix mass with normal colon mucosa.

Stump appendicitis is inflammation of the residual stump after appendicectomy. Thirty-six cases of stump appendicitis have been described in the English literature since it was first reported by Rose in 1945.<sup>1</sup> It is a rare occurrence not routinely suspected in patients with a previous history of appendicectomy, which leads to delay in

diagnosis and increased morbidity. Recent reports indicate a possible increased incidence with the use of laparoscopic techniques.<sup>1,2</sup>

While the presentation may or may not mimic that of acute appendicitis, there may be a longstanding history of recurrent bouts of upper, mid- or lower right abdominal pain. A high index of suspicion is necessary, however, as the diagnosis is difficult to establish clinically in the post-appendicectomy setting. Abdominal computed tomography scanning, graded compression ultrasound and colonoscopy can all aid diagnosis. However, in most cases the diagnosis is determined by diagnostic laparoscopy.<sup>1,2</sup>

Laparoscopic appendicectomy has the potential to result in incomplete removal of the appendix owing to misidentification of the appendico-caecal junction during appendicectomy. A stump left too long has been suggested as the key to the occurrence of this complication.<sup>1-3</sup> There is no correlation between simple ligation and inversion of the stump with stump appendicitis. If difficulties are encountered or doubt remains regarding appendicular base during laparoscopic surgery, conversion to an open procedure is indicated.<sup>1-3</sup>

In conclusion, with increasing use of laparoscopic techniques, stump appendicitis may be more frequently observed if the base of the appendix is not adequately dissected. In the assessment of post-appendicectomy patients with lower abdominal pain, stump appendicitis should be considered, especially when laparoscopic appendicectomy has been performed.

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