

LONGEST APPENDIX EVER REMOVED IN INDIA

NITIN V. MITTAL (3rd Year Resident), RAJNIKANT C. PARMAR(3rd Year Resident), ATUL K. SAXENA (Professor),
ADEESH P. JAIN (Associate Professor), RITESH B. PATEL (Assistant Professor), DIPAYAN J. NANDY (Assistant Professor)



Department of Surgery, Government Medical College & SSG Hospital, Baroda, Gujarat, India



CASE REPORT

A 50 year old female presented with complaint of colicky right lower quadrant abdominal pain, low grade fever since two days with abdominal distension since one day. On examination oral temperature was 101[°]F (38.3[°]C), pulse rate 90/min, blood pressure 138/86. Abdominal examination revealed generalized abdominal tenderness and guarding without any rigidity having normal bowel peristaltic sounds. Investigations showed Hb of 11.2gm%, WBC count 14,400 and Abdominal sonography demonstrated probe tenderness in RIF suggestive of acute appendicitis. Abdominal standing x-ray was normal.

Peritoneal cavity was entered via infraumbilical midline vertical incision. Surface and mesentery of small intestine loop was studded with multiple variable sized (0.5-2 cm) whitish nodules (figure 1). Appendectomy was done and biopsy of whitish nodules was taken. The specimen measured 18cm in length (figure 2). Histopathology report confirmed the diagnosis of acute appendicitis with faecolith and the whitish nodules showed features of tuberculosis. Patient recovered well in postoperative period and was discharged on oral antituberculous medicines.



FIGURE 1



FIGURE 2

DISCUSSION

The average size of appendix removed varies from 7-10 cm¹. The longest appendix removed ever and mentioned in Guinness book of world record is of 26 cm during an autopsy². The reported incidence of appendicular tuberculosis varies from 0.1 to 3.0 %, with an incidence of 1.5 to 30 % among patients who are known cases of tuberculosis³. We report a case of 18cm appendix along with intestinal tuberculosis with the appendix not showing any features of tuberculosis on histopathology. We have not come across an vermiform appendix of such length being removed in Indian literature.

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A WANDERING HARRINGTON ROD IN THE FOOT

NITIN V. MITTAL (3rd Year Resident), DEVENDRA G. PARIKH (Senior Resident), ATUL K. SAXENA (Professor),
ADEESH P. JAIN (Associate Professor), RITESH B. PATEL (Assistant Professor), DIPAYAN J. NANDY (Assistant Professor)

Department of Surgery, Government Medical College & SSG Hospital, Baroda, Gujarat, India

INTRODUCTION

Migration of Harrington rod is reported in few cases from adjacent structure such as abdominal wall and rectum^{1,2}. Here we came across a rare case of migration to the left foot.

CASE REPORT

A 38 year old male presented with 2 day old history of sharp pain in the left foot and a palpable mass. He had no history of trauma to foot and a tender 9 x 1 cm hard mass was palpable in the left foot along the medial malleolus [figure-1]. X-ray revealed metallic rod like structure [figure-2]. Patient gave history of spinal surgery for trauma 12 years back with x-ray showing 8 screws and 2 rods [figure-3]. Fresh spine x-ray revealed no rods [figure-4]. This led us with the conclusion that one of the rod must have migrated to left foot. Whole body scan was done to look for missing 2nd rod, but result was fruitless. Successful removal of entire rod was done [figure-5].



FIGURE 1



FIGURE 2



FIGURE 3



FIGURE 4



FIGURE 5

DISCUSSION

Fixation is a common method employed in the surgical correction of spinal trauma. Partial migration within the spinal canal and rotation of Harrington rods have been recognised as long-term complications of spinal fixation technique³. Our patient had a road traffic accident 12 years back for which he had undergone surgical correction prior to his presentation. The follow up x-ray reveals loosening of both the rods, later on patient presented with first rod in left foot and second still a dilemma as there is no record of it being removed or expelled.

CONCLUSION

This case report emphasizes the importance of careful surgical technique and long-term follow up for patients who had undergone spinal instrumentation surgery.

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