General Surgery



A RARE CASE OF FIBROUS OBLITERATION OF APPENDIX MANIFESTED AS ACUTE APPENDICITIS

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(ABSTRACT) Fibrous obliteration of appendix is a very rare condition, found in routine histopathological examination after removal of appendix for indication of acute appendicitis.	
KEYWORDS : fibrous obliteration, acute appendicitis, appendix	

INTRODUCTION

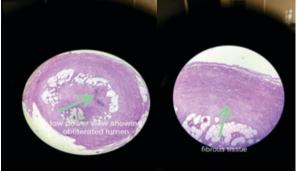
Fibrous obliteration of appendix is a lesion that was first described by Masson in 1928, exact pathogenesis of the phenomenon is unknown, but most believe that this occurs due to recurrent episodes of inflammation. Recurrent sub-clinical Infections may result in fibrosis.

CASE STUDY

A 40 year old male came with complaint of pain in lower abdomen for 4 days, associated with vomitings for 4 days and one episode of mild fever 2 days ago. Patient was apparently normal 4 days back, then he complained of pain in the lower abdomen at peri umbilical region, which was gripping type, insidious in onset, gradually progressive associated with multiple episodes of vomitings for 4 days. one episode of fever 2 days ago, which subsided on taking anti pyretics.

Similar complaints were recorded 2 months ago, which subsided on taking antibiotics and antipyretics at local hospital. On physical examination revealed localised tenderness, by palpation at the right iliac fossa, with evidence of rebound tenderness.

Patient is a known smoker and alcoholic since 15 years. Complete blood picture was sent which revealed neutrophilia with elevated total leucocyte count, bowel sounds were present .Ultrasound of abdomen revealed appendix in right iliac fossa with peri-appendiceal fluid and fat stranding. According to MANTRELES score, acute appendicits diagnosis is made out and proceeded for open appendectomy.



Histopathological image

DISCUSSION

Fibrous obliteration ,also referred to as neurogenic hyperplasia ,as thoroughly described by Masson over 50 years ago .Fibrous obliteration represents an incidental finding in appendices excised for other reasons. The pathogenesis remains unclear. Studies reveal that it is mostly due to proliferation of neuroendocrine cells due to frequent inflammatory attacks. The differential diagnosis of stromal tumors, and the appendix includes leiomyoma, gastrointestinal stromal tumors, and

neurogenic lesions.Histopathologically, there is a proliferation of S100 - positive nerve tissue.The process may be confined to the mucosa or may replace the entire lumen.The treatment of choice is surgical excision of the appendix.

CONCLUSION

The clinical presentation of fibrous obliteration of appendix resembling appendicitis, along with its incidental discovery during appendectomy specimen examinations, highlights the importance of histopathological evaluation for a precise diagnosis.

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