



A RARE CASE OF DOUBLE APPENDIX PRESENTED WITH ACUTE APPENDICITIS

^{*1}Dr. Sibaprasad Pattnayak, ²Dr. Bipin Kishore Bara, ³Dr. K Sibaram Achary

^{*1}Associate Professor, Department of General Surgery M.K.C.G. Medical College and Hospital.

²Assistant Professor, Department of General Surgery M.K.C.G. Medical College and Hospital.

³Junior Resident, Department of General Surgery M.K.C.G. Medical College and Hospital.

***Author for Correspondence: Dr. Sibaprasad Pattnayak**

Associate Professor, Department of General Surgery M.K.C.G. Medical College and Hospital.

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ABSTRACT

Appendiceal anomalies are extremely rare. Malformations that are usually found in adults as an incidental finding during laparotomy. Abnormal development of appendix usually takes the form of a double appendix. Malformations in other organs may be present when appendiceal duplication is detected. We present a case of acute appendicitis in a young adult where surgical exploration revealed duplication of appendix.

KEYWORDS: vermiform appendix, double, inflammation.

INTRODUCTION

Duplication of appendix is rare, with a reported incidence of 0.004 % in the literature. About 100 appendiceal anomalies have been reported in literature so far. Most anomalies of appendix have been observed in adults and noticed incidentally.^[1] Basu et al (1959), while reporting 28 cases of duplication of alimentary tract, had no case of double appendix.^[2] Picoli (1892) reported first case of double appendix in a female patient who had associated anomalies of duplication of the entire large bowel, two uteri with two vaginae, ectopia vesicae and exomphalos.^[3] Symptoms are usually the result of obstruction and inflammation. Clinical presentation can vary according to the location of appendices.^[4]

MATERIALS AND METHODS

A 25 yr old male was admitted to the emergency wards with features of acute appendicitis. There was localised tenderness at Mc Burney's point with guarding. Blood count showed leukocytosis with shift to left. Ultrasonography revealed dilated, noncompressible, thick walled appendices. Laparotomy was done and operative finding was surprising. One of the appendix was gangrenous where as the other was normal. The small gut and other viscera were thoroughly examined for any anomaly, which revealed no other abnormality.



Fig 1. Showing two appendices with one gangrenous and other is normal.

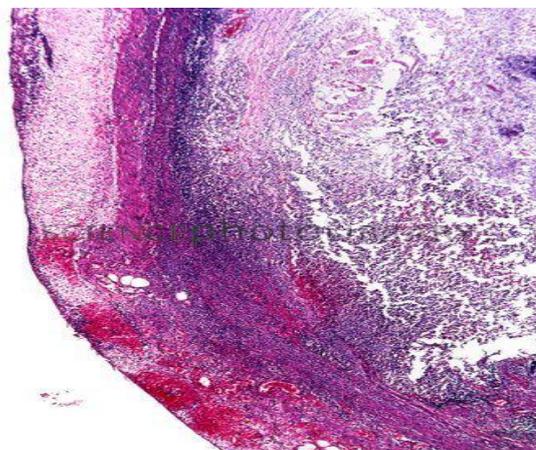


Fig 2. Showing histology of gangrenous appendix.

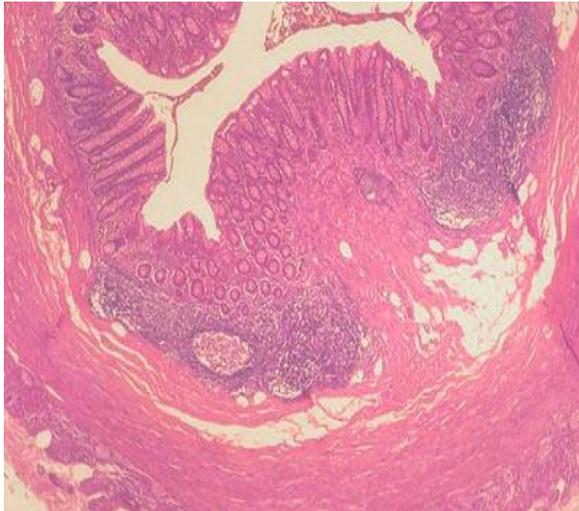


Fig 3. Showing histology of normal appendix.

RESULTS AND DISCUSSION

Duplication of alimentary tract particularly vermiform appendix is of surgical importance and may be associated with other congenital duplications.

Wallbridge's classification (1962) divides this duplication of appendix into 3 groups.^[5]

Type A: various degree of partial duplication on a normally localised appendix with single caecum.

Type B: single caecum with two completely separated appendices.

B1: two appendices localised symmetrically on either side of ileo-caecal valve.

B2: one normal localised appendix arise from caecum at usual site and second rudimentary appendix along taenia line.

Type C: double caecum each having its own appendix.

Because of difficulty of categorizing some cases into a suitable type the authors intended to add additional types.

Type D is a horse shoe shaped appendix with two openings at common caecum.^[6]

Our case had type B1 appendiceal duplication with acute inflammation of both.

All these anomalies of appendix are of great clinical importance. The patient may face grave consequence if the anomalies are overlooked. It may also remain totally asymptomatic or mimic other intraabdominal conditions like caecal diverticulum/diverticulosis/stump appendicitis.^[7] In a patient with acute appendicitis with appendiceal duplication and one of them is inflammatory then both of them should be removed.

CONCLUSION

Surgeon need to be aware of anatomical anomalies and malposition of vermiform appendix during appendectomy and careful inspection of caecum should be performed to avoid missing any anomalies.

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