ACUTE APPENDICITIS IN SITUS INVERSUS- A CASE REPORT

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ABSTRACT

This was a case of acute appendicitis in a patient with situs inversus found at Surgery for twisted left ovarian cyst in a 26 year old married woman. The case was interesting because the diagnosis of acute appendicitis as apposed to twisted left ovarian cyst was made intraoperatively when it was found in the left iliac fossa together with the caecum and ascending colon. The spleen, liver and gall bladder were found in the right and left hypochondria regions respectively. The chest x-ray also showed dextrocardia.

KEY WORDS: SITUS INVERSUS, OVARIAN CYST, ACUTE APPENDICITIS

INTRODUCTION

Situs Inversus (situs transversus) Is a rare a congenital condition occurring 1: 5000-20,000)
people in which the major visceral organs are reversed or mirrored from their normal positions.[1] Usually the heart is located on the left side of the thorax, the right lung is trilobed and the left lung bilobed , the spleen and stomach on the right, the liver and gall bladder on the left and caecum and appendix on the right. This arrangement is called SITUS SOLITUS. In SITUS INVERSUS. the reversal of this normal arrangement occurs. When the heart is on the right side, the condition is referred to as SITUS INVERSUS TOTALIS.

The term situs inversus is a short term for the Latin phrase "SITUS INVERSUS VISCERIUM" Meaning inverted internal organs. Dextrocardia was first recognized by Marco Severino in 1643. However Situs Inversus was first described more than a c~ntury later by Mathew Baillie.[2]

The condition is generally an Autosomal recessive genetic disorder although it can be xlinked or found in identical or "mirror" twins. In the absence of congenital heart defects, individual with situs inversus are phenotypically unimpaired and can lead normal healthy lives without any complication related to their Medical condition[2,3].

CASE REPORT

F A, a 26-year old house wife presented on the 9th of April, 2008 with lower abdominal pain, fever and vomiting. There was no vaginal discharge and her last menstrual period (LMP) was a week prior to presentation.

When she was examined, she was febrile (temperature 39 C), not pale. mildly dehydrated, not jaundiced. The pulse rate was 90/min regular, full volume, bounding,. Blood pressure was 90/60 mmHg (lying position), apex beat at the 5th right intercostals space mid clavicular line and not heaving. Heart sounds were only 1st and 2nd.

Abdominal examination revealed left iliac fossa tenderness, masses were not felt. UltrasOlJnd sonography revealed a left sided ovarian cyst measuring 3cm by 3cm, no fluid in the pouch of Douglas, no other masses seen. Full blood count was essentially normal. Antero-posterior chest x-ray showed dextrocardia. An assessme'nt of twisted left ovarian cyst was then made.

She was prepared for mini laparatomy. Intra operatively the left ovarian cyst was twisted, rather an inflamed appendix was found in the left iliac fossa with multiple adhesions and neoyascularisation. Other structures found in the left side included the caecum, ascending colon and the liver. The spleen and descending colon were in the right. Appendectomy and left ovarian cystectomy was done and she was subsequently discharged. Her follow up has been uneventful.

DISCUSSION

Many people with situs inversus are unaware of their unusual Anatomy until they seek Medical attention for an unrelated condition. The reversal of the organs may then lead to some confusion as many signs and symptoms will be on the wrong side[2].

The first pointer to the diagnosis in this case was dextrocardia. The fever, vomiting and lower abdominal pain, were suggestive of acute appendicitis but because the tenderness was in the left iliac fossa, the diagnosis was not entertained prior to surgery.

In the absence of knowledge of presence of the condition, faulty diagnosis and even operative approaches on the wrong side may occur, for in situs inversus the pain from the diseased appendix or gall bladder may be localised by the patient either on the left side where the organ is or on the right side where it should be[1].

CONCLUSION

Situs inversus totalis is a rare condition and presents in diverse ways thus diagnosis may be missed, and the patient wrongly managed. A high index of clinical suspicion is required if diagnosis is to be made early and wrong treatment avoided.

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