



Post Appendectomy Intestinal Obstruction

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Clinical Image

A forty years old Bangladeshi female came to me with right lower quadrant pain, mild leukocytosis, no marked tenderness or guarding, patient was put on conservative treatment but did not improve so was taken for exploration and appendectomy, exploration revealed high and immobile caecum, retrocaecal appendix and fat laden mesentery, as caecum was high and needed mobilization, grid iron incision was extended but manipulation resulted in a linear tear in terminal ileal mesentery which in attempts to suture ligate the bleeding vessels kept on extending for 4 cm to 5 cm in a mostly linear and vertical direction, the rent was closed and appendectomy done, during closure terminal ileum appeared a bit congested, it was presumed that it will improve, patient did not have any immediate post operative problem and was kept admitted for 72 h but after ten days patient came back with intestinal obstruction and was put on conservative treatment but did not respond for 48 h and had to be reexplored which revealed 10 cm to 15 cm of terminal ileum coiled matted together, looking greyish ischemic and almost necrotic, this coiled mass was adherent to caecum and to ascending colon, this coiled mass was excised and ileo-transverse anastomosis done (Figure 1). Patient had uneventful recovery, purpose of this presentation is that even simple procedure like appendectomy can go wrong and although mesenteric tears do happen at times but if a color change is noted as in this case, terminal ileum becoming congested, going for resection would have been the best option, instead of presuming that things will improve.



Figure 1: Necrotic Bowel.

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