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RESEARCH ARTICLE OPEN ACCESS

ACUTE APPENDICITIS IN THE LEFT ILIAC FOSSA

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ABSTRACT

Within the most common surgical clinical emergencies in medical practice, acute appendicitis is listed. The case refers to a male patient, in whom he was admitted to an emergency care unit, reporting abdominal pain in the lower left quadrant, fever for two days, without pre-existing comorbidities, denying smoking and drinking. Total abdominal tomography observed internal organs in a reverse or mirrored position in relation to the usual topography, with the heart to the right of the mediastinum, stomach and spleen in the right hypochondrium, liver and gallbladder in the left hypochondrium, in addition to the inferior vena cava and aorta that are in switched position. Diagnostic imaging associated with clinical and laboratory tests for uncomplicated acute appendicitis in the left iliac fossa due to *situs inversus*.

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INTRODUCTION

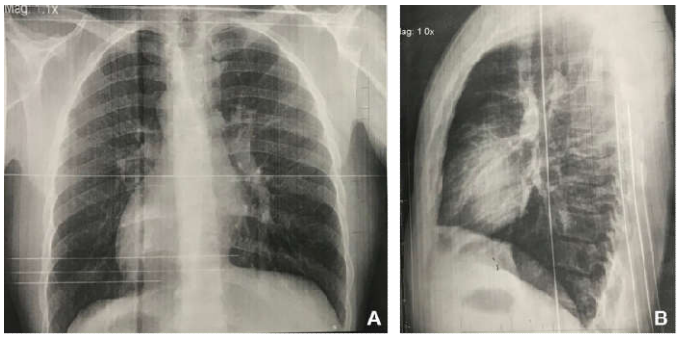
Medicine since the beginning of evolution, has been gaining new areas and with technological and scientific advancement, it is increasingly necessary to update the professional body, whether they are doctors or nurses, pharmacists, biomedical doctors, nutritionists, social workers, among others, called a multidisciplinary team (Ravaghi, Nasiri, Takbiri & Heidari, 2020). One way of updating, are congresses, events, medical fairs promoted by so-called medical societies or even institutions specialized in medicine, diagnostic medicine, among others. The use of descriptive scientific and technical works, serve to teach and update staff in an impartial and formative way. The description of techniques is already quite recurrent in the scientific literature, in experimental research, and has been gaining more and more space within the operating rooms (Coelho, *et al*., 2020). The concern is not only due to the fact of techniques, but skills and new ways of working. Biosafety is gaining more and more space in the literature and also in operating rooms, thus guaranteeing quality and safety for the assisted patient, whether in the private or public sphere (Almeida-Júnior *et al.,* 2020).

In view of the update, this study aims to inform and report in a descriptive manner, a picture of acute appendicitis in the left iliac fossa.

Case History

The study was developed according to Cardoso-Brito *et al.* (2020) in which he reports a specific picture of a patient attended by the authors, with great impact on the medical field. A 24-year-old male patient has reported pain in the lower left quadrant for 6 months, fever for two days and a feeling of improvement in pain when evacuating. He made empirical use of ciprofloxacin for 3 days because he thought it was a urinary tract infection. There was an improvement in fever and pain. He reports that the pain at the site returned a few weeks later, with spontaneous improvement. It was the urologist who requested routine exams without changes. One month later, he was admitted to the emergency room, reporting abdominal pain in the lower left quadrant, fever for two days, with no pre-existing comorbidities, non-smokers and alcoholism. Anicteric, pale, hydrated with HR: 78 bpm, BP: 130x80 mmHg, Temp: 37.1 ° C. RF, 20 ripm, ACV: BNF

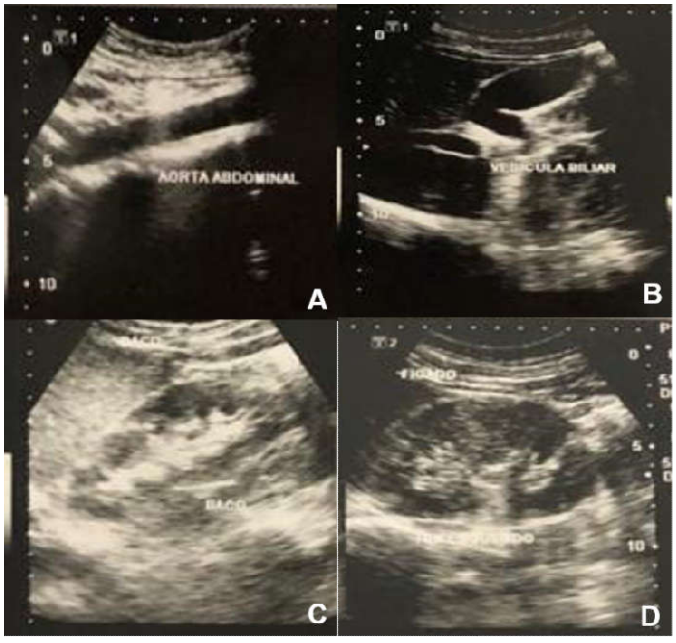
2T S / S, AR: MV + S / RA, ABD: flat, flaccid, RH +, painful to deep palpation in FIE, without visceromegaly and without signs of peritoneal irritation. MMII: no edema, free calves. Making use of empirical anti-inflammatory. Imaging exams requested. X-ray with AP + P view showing cardiac space location in the right pulmonary quadrant region seated in diagrammatic region with apex slightly inclined to the left quadrant region (Figure 1).



Source: author data

Figure 1. X-ray showing mirrored symmetry in the thoracid region, evidenced by the change in the location of the heart, as well as the aortic arch and the disposition of the pulmonary lobes. Alteration in the liver and stomach region (inverted). Presentation of radiography in AP + P views

Two-dimensional ultrasonography was performed, with convex dynamic equipment, at a frequency of 3.5 MHZ. In the findings, the liver showed conserved volume, regular contours and homogeneous parenchyma. The portal system and the supra-hepatic veins have normal gauges. Gallbladder is full and without stones. The intra and extra bile ducts are free. Both kidneys are topical, with normal shape, contour and texture. The pancreas and spleen are normal. Large vessels have normal gauges and pulsatilities. Cotophrenic sinuses, retroperitoneum and peritoneal cavity are free. Normal bladder with mucus in normal relief, with no diverticula and calculus (Figure 2).



Source: author data

Figure 2. Ultrasound picture identifying inversion of the abdominal aorta region (A), gallbladder (B), spleen (C) and liver (D)

Total abdominal tomography observed internal organs in a reverse or mirrored position in relation to the usual topography, with the heart to the right of the mediastinum, stomach and spleen in the right hypochondrium, liver and gallbladder in the left hypochondrium, in addition to the inferior vena cava and aorta that are in switched position. Diagnostic imaging associated with clinical and laboratory exams of uncomplicated acute appendicitis in the left iliac fossa, due to situs inversus totalis. Pneumoperitoneum was performed through a two cm incision in the umbilical scar and passage of the trocar under direct vision. Two other trocars passed in the flank and in the FID under laparoscopic vision. Initial laparoscopic impression was performed, where situs inversus totalis of the abdominal viscera was observed, with presence of cecum in the FIE and swollen cecal appendix, hyperemic and greatly increased in its (phlegmonous) diameter adhered to the anterior parietal peritoneum (Figure 3). A surgical procedure was performed with the appendix of the abdominal wall released with an ultrasonic scalpel, ligation of the mesoappendix with an ultrasonic scalpel. Dissection of the appendicular artery and ligation with two clips and cauterized close to the appendix. Subsequently, an appendectomy was performed with ligation of the base with two zero nylon threads. After the appendix section and appendicular revision, it was decided to place another clip at the base of the appendage stump. Final laparoscopic review, removal of the trocars, synthesis at the site of the portals. Procedures completed without complications.

Source: author data

Figure 3. Anatomical piece of intestinal portion characterized in an inflammatory process due to infection by microorganisms leading to acute appendicitis

After the procedure, patient without complaints, dry and clean suture without vomiting, eliminating flatus, RH +, diuresis present by svd (1200ml), without evacuation and zero diet. With no indication of pathological changes, the patient was discharged.

RESULTS AND DISCUSSION

Of all general non-elective surgeries, appendicitis is listed as one of the main ones, due to the acute pain and evolution to septicemia if not treated correctly. The most common application of a therapist in cases of acute appendicitis is laparoscopic appendectomy, despite being reported to be responsible for several post-surgical complications, with the

use of pre-intervention antibiotic therapy as a prophylactic measure (Kandasami *et al.* 2020 , Weinandt, Godiris-Petit, Menegaux, Chereau & Lupinacci, 2020). In the form of assistance, the use of imaging tests is extremely important for screening, identification and decision-making in clinical settings. Ultrasonography is an image exam used for precision in the process of investigating appendicitis, however, with a compatible picture and negative ultrasound, we proceed to other more accurate exams such as computed tomography (Kim *et al.* 2020)[1] or MRI (Davis, Chima & Kasmire, 2020). The justification for this report is given by the change in unusual symptoms, with severe pain in the region of the left iliac fossa, with the appendix being found anatomically on the right. This is due to the presence of *situs inversus totalis*. It is already reported in the literature, surgical procedures in laparoscopic cholecystectomy, gastric perforation, gallstones, among others (Du et al. 2020, Shimoda, Satoh, Asonuma, Umemura & Shimosegawa, 2020). The *situs inversus totalis* is given to the genetic alteration that influences the disposition of the organs, usually discovered as a child, in which it has the complete inversion or called inverted or mirrored condition of organs and viscera, with wide and old descriptive reports in the literature. The physician is responsible for the correct investigation, ascertaining the signs and symptoms in conjunction with laboratory and imaging tests for the follow-up of therapeutic conduct. The same must, above all, conduct processes that bring safety and quality to patients, in the form of health promotion.

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