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Atypical presentation of acute appendicitis

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Personal History: No allergies. Independent for ADL. No history of interest.

Anamnesis: 59 year old male who attended the emergency room with symptoms of hypotension in context of epigastric abdominal pain, radiating to right flank, associated with nausea and dizziness, 2 weeks of evolution, several emergency room visits for the same reason. Asthenia and hyporexia refers several days of evolution. In the afternoon it begins with fever up to 40 °. No other symptoms or changes in bowel habits. Physical examination: low blood pressure on arrival (83/55), Abdomen not tender to palpation, with no signs of peritoneal irritation. Rest of exploration: no significant findings.

Complementary tests: Blood test: leukocytes 14500 (95.3% N), C-reactive protein 189, normal amylase, liver profile unchanged. Abdominal ECO: without pathological findings.

Diagnosis: cholecystitis Evolution: fluid pressure values to stabilize and control diuresis begins. During his stay in observation, the patient remains stable with sporadic localized right upper quadrant pain that subsides spontaneously. Digestive is contacted and recommends performing abdominal CT, which objective in right lower quadrant appendix gauge increased in relation to acute appendicitis. Subsequently, the patient is admitted for surgical resolution.

Conclusion: clinical manifestations resulting from appendicitis can be very unspecific in relation to location and orientation of the appendix, so in the suspected diagnosis must rely on imaging tests for the screening of the same as the symptoms presented by the patient can guide to other pathologies.

Keywords: abdominal pain, leukocytosis, appendicitis