

Title: A great mimickerer of acute appendicitis - Aortic dissection

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INTRODUCTION

Studies has shown that those with connective tissue disorders has a 10% risk of developing aortic dissection. However there lack reports on the incidence of aortic dissections in patients with known rheumatic heart disorders. In this article, we present a case of aortic dissection mimicking acute appendicitis and highlight the importance of prompt imaging and treatment.

CASE DESCRIPTION

A 27 years old gentleman with underlying chronic rheumatic heart disease (CRHD) presented with acute right iliac fossa pain. Upon examination, patient had significant right iliac fossa tenderness without renal angle tenderness. Ultrasonography of the abdomen showed no abnormalities of the kidneys. An open appendicectomy was performed. However, post operatively patient still complained of right iliac fossa pain and a sudden onset of right lower limb discomfort associated with numbness. Physical examination showed features of Rutherford 2a acute limb ischaemia. A prompt targeted CT angiography showed thrombosis of right common iliac artery and right renal artery with an aortic dissection proximal to the celiac artery. Patient was subsequently referred to the vascular unit which started him on anticoagulants. However, he complained of persistent generalized abdominal pain and a repeated CT showed further dissection up to level of the superior mesenteric artery. A diagnostic laparoscopy was performed to rule out bowel ischemia. Fortunately, no resection was required. Patient has been placed on bowel rest and started on parenteral nutrition.

DISCUSSION

Aortic dissection may not always present with typical symptoms of tearing abdominal pain and hemodynamic instability. Thus, the differential diagnosis of aortic disorders must be included in causes of acute abdomen.

CONCLUSION

Aortic dissection is a rare and fatal pathology which requires prompt imaging and treatment.