

The Eyes Cannot See What the Mind Does Not Know: An Unusual Cause of Epigastric Pain

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Clinical Image

The patient is a 71-year-old male with multiple co-morbidities including past medical history of acute pancreatitis and metastatic renal cell carcinoma presented with epigastric abdominal pain for 3 days. Physical exam demonstrated mild diffuse abdominal tenderness with more tenderness elicited in right upper quadrant and epigastric region without rebound tenderness or guarding. Initial vitals showed normal temperature, heart rate, blood pressure, and respiratory rate with normal oxygen saturation. Labs revealed normal white blood cell count (WBC), lipase, and liver function tests (LFTs) except mild hyperbilirubinemia of 1.5 mg/dl. Initial C-reactive protein (CRP) was elevated to 18.8 mg/L. Overnight, patient became septic with fever and leukocytosis. WBC count increased to 21,600 cells per cubic millimeter of blood and CRP to 189.6 mg/L. Subsequent abdominal exam was suggestive of acute abdomen.

CT abdomen/pelvis performed shown as below (Figure 1 & 2)

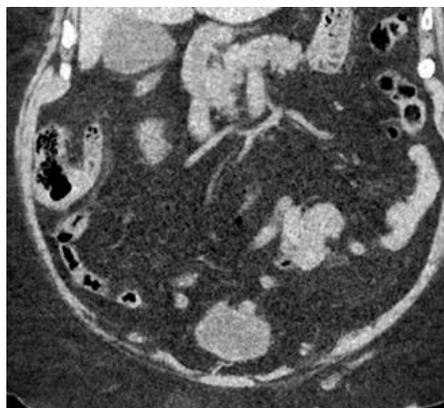


Figure 1: Coronal plane of CT A/P



Figure 2: Sagittal plane of CT A/P

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What is the Diagnosis?

Answer

CT abdomen/pelvis findings as below

Careful reviewing of the CT images showed acute appendicitis. He underwent open appendectomy after found to have a gangrenous perforated appendix. Patient had an uneventful recovery after the surgery.

Discussion

The patient presented with epigastric pain which directed clinicians towards the common aetiology like cholecystitis, pancreatitis, peptic ulcer disease etc. Acute appendicitis typically presents with periumbilical abdominal pain radiating to right lower quadrant. Atypical presentations are not uncommon however presenting with epigastric abdominal pain is rarely reported in literature. Upon careful review of imaging and having a discussion with the radiologist revealed that inflamed appendix was pointing towards the gall bladder (Figure 3 & 4) which explained the presenting symptoms. It is important to keep in mind the uncommon presentations of a common disease entity to prevent diagnostic delay and adverse outcome.

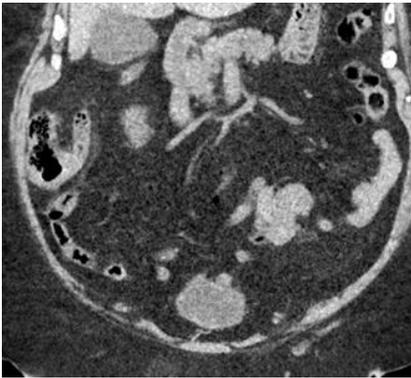


Figure 3: Coronal plane of CT A/P showing dilated appendix (arrow) with subtle inflammatory changes. Please note the location of appendix in relation to the gall bladder (arrowhead).

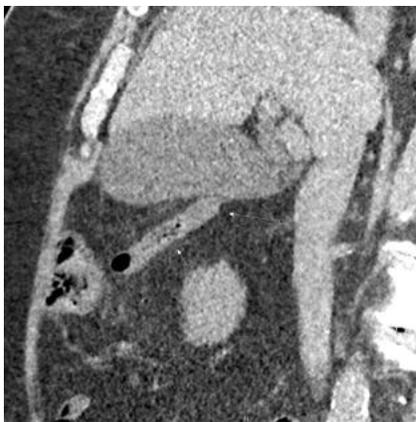


Figure 4: Sagittal plane of CT A/P. Careful reviewing demonstrating inflamed appendix tip (arrow) extends towards the level of the gall bladder (arrowhead).

References

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