Spontaneous non-occlusive isolated caecal necrosis: An unusual cause of right iliac fossa pain

Tiffany Leigh Gould
University of Newcastle, Australia

Abdominal pain is a common clinical presentation particularly in the elderly population and presents a wide range of differential diagnosis. This case reviews an 86-year-old female with a medical history of hypertension, cholecystectomy and reflux who presented with lower right sided abdominal pain, nausea and hot and cold flushes. She had opened her bowel the day of presentation, which she stated was normal. On examination, she was in sinus rhythm with a blood pressure of 130/90. She was clinically dehydrated with dry mucus membranes. Her cardiac and respiratory examination were normal. Her abdominal examination revealed a mass in the right lower quadrant that was tender, with local peritonism, guarding and rebound tenderness. The patient was treated with analgesia, intravenous fluid and remained nil by mouth. A CT scan was performed which revealed a mass within the caecum suggestive of a colorectal carcinoma. The patient subsequently underwent a right hemicolectomy, histological assessment demonstrated a case of acute non-occlusive spontaneous ischaemic colitis. Ischaemic colitis usually results from atherosclerosis and low blood flow. Ischemia of the colon usually affects the left side, however it can also occur anywhere within the colon. Spontaneous non-occlusive ischemic colitis involving the caecum alone is rare, following hemicolectomy the histopathology of the caecal mass revealed a localized area of ischaemic necrosis. There was no evidence of malignancy, vasculitis or embolus identified and there was no significant atherosclerosis. The final diagnosis of this case was spontaneous non-occlusive isolated caecal necrosis.

Biography

Tiffany Leigh Gould has completed her Bachelor of Medicine from the University of Newcastle. She has completed her specialization in Advanced Surgical Anatomy, as well as a Diploma of Science and a Master of Traumatology. She is currently working as a Clinical Teaching Fellow at University of Newcastle, a Surgical Registrar in Hunter New England Health and has commenced a research higher degree in the field of Colorectal Surgery and Preventative Medicine.

tgould201@gmail.com