

Acute appendicitis after sleeve gastrectomy

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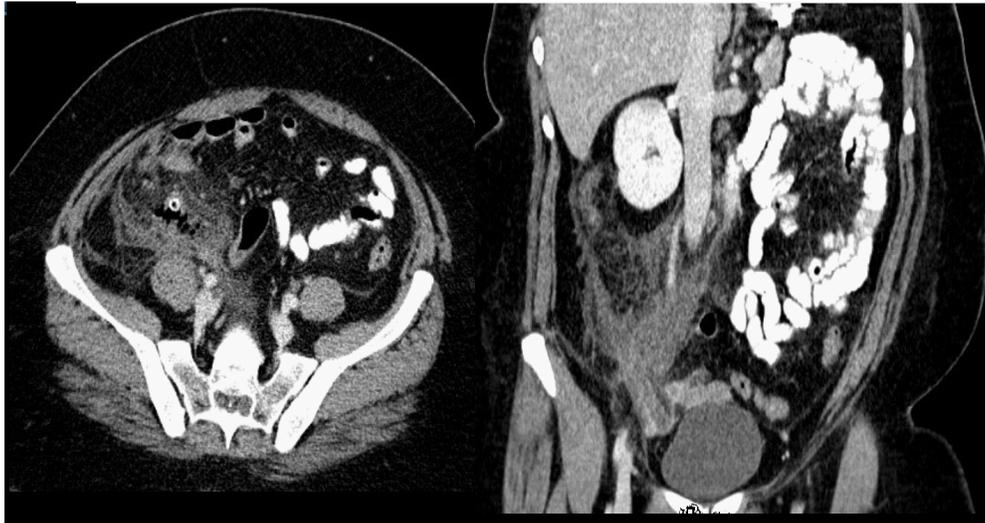
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Clinical Image Description

We present the case of a 33-year-old woman suffering from obesity and arterial hypertension who came to our attention to undergo bariatric surgery (weight 98 Kg, height 156 cm BMI 40.2). The patient underwent preoperative investigations (EGDS normal, Covid-19 swab negative, chest X-ray normal) and in July 2021 underwent laparoscopic sleeve gastrectomy. The procedure was well tolerated. Two hours after surgery, the patient mobilized independently and drank clear liquids. On the first post-operative day WBC was 13,000. Transit RX was performed on Postoperative day 1 with a normal result. The patient was discharged in excellent general conditions on the 2nd postoperative day, abdominal objectivity was normal. On the 4th postoperative day, the patient went to the emergency room for hyperpyrexia up to 38.5C and diffuse abdominal pain. In blood tests WBC were 22,700 CRP 20.6 mg/dl. In suspicion of gastric fistula, the patient underwent transit x-ray with oral contrast (normal) and subsequent abdominal CT which revealed acute perforated gangrenous appendicitis with a large abdominal abscess (Figure 1). The patient underwent an urgent laparoscopic appendectomy and abscess drainage. The subsequent course was regular and the patient was discharged on the 4th postoperative day.

Sporadic cases of acute appendicitis have been described in the literature in the postoperative period of bariatric surgery (sleeve gastrectomy, gastric bypass and gastric band placement) [1-3]. Hyperpyrexia and abdominal pain after surgery must always lead to suspicion of a surgical complication in the first instance, however a concomitant disease should never be excluded a priori.



References

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