INTERNAL HERNIA PRESENTING AS ACUTE APENDICITIS. TNguyen, S Huerta, DR. Marcus, UCI Medical Center, Department of Surgery, Kaiser Permanente, Lakeview, CA

Background: The signs and symptoms of internal hernias are insidious and represent a diagnostic challenge for both clinicians and radiologists. Delayed intervention may lead to serious sequela. We report a case of a patient with an internal hernia who presented with symptoms consistent with acute appendicitis.

Methods: A 38 year-old woman with history of endometriosis, total abdominal hysterectomy and a C-section presented to the hospital with a 30-h history of sharp, intermittent epigastric and right lower quadrant pain accompanied by nausea and dry heaves. Physical exam revealed a well-developed, well nourished woman in distress secondary to abdominal pain. Her abdomen was soft, and non-distended and RLQ tenderness. She had no rebound tenderness. WBC was 14.4 with a left shift. An abdominal and pelvis CT after two hours of oral contrast revealed a 3cm ovarian cyst with small amount of free fluid, but no inflammation at the RLQ. Interestingly, no contrast was seen distal to the ileo-cecal junction. A follow up CT 1 h later found no progression of contrast. She was taken to the OR with the presumptive diagnosis of acute appendicitis.

Results: Laparoscopic inspection of the abdomen revealed an adhesive band at the level of the ileo-cecal junction. The ileum was found entrapped about this band causing local obstruction. The band was lysed and the normal appearing appendix was also removed. The patient’s symptoms resolved. She was discharged home on postoperative day 1.

Conclusion: The diagnosis of internal hernias remain a diagnostic challenge and require a high index of suspicion. Laparoscopy is an excellent diagnostic modality for evaluation of an abdomen with a concerning, but unclear exam. In this case, an internal hernia at the RLQ presented as appendicitis. Laparoscopic exploration afforded the opportunity for both appropriate diagnosis and treatment.