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Cecal mass post appendectomy: A Case Report

Rahima Al-Ismaili
Sohar Hospital, Oman

A 31 year old male patient not known to have any comorbidities or chronic medical illnesses underwent open appendicectomy presented in day 10 postoperatively with the complain of dull epigastric pain associated with dark stool since day 1 post operatively. The stool was semi solid not fuel smelling with passage frequency of 1 per day associated with flatus. There is no history of fever, nausea or vomiting. The abdomen was distended, tense and rigid. No masses were palpable, shifting dullness positive. Per rectal examination showed a normal tone with ballooned rectum and liquid brown colored stool was seen. Otherwise systemic examination was unremarkable. X- ray abdomen and CT scan was done and showed small bowel obstruction. The patient was taken for diagnostic laparoscopy that showed massively dilated small bowel and so the decision was taken to proceed with diagnostic laprotomy. The Laparotomy revealed a large mass in the cecum extending to the ascending colon. The mass was soft to hard in consistency and causing ileocecal obstruction. After small bowel deflation, right limited hemicolectomy was done with removal of terminal ileum, cecum and 10cm of the ascending colon. No mesenteric lymph nodes were appreciated. Post operatively the patient was started on 750mg Cefurixime with 500mg metronidazole TID for 7 days. His symptoms has improved and continued to have normal vitals, active bowel sounds, and brown color stool.

ra7imaism221@gmail.com

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