Retained appendicolith after laparoscopic appendectomy

We read with great interest the excellent case report and discussion by Guillem et al. [1] describing a retained appendicolith after laparoscopic appendectomy. We would like to add to their experience a similar case we recently encountered at our institution.

A 23-year-old male underwent a laparoscopic appendectomy for acute appendicitis. Preoperatively, a plain film of the abdomen revealed an opacity at the right iliac fossa consistent with an appendicolith (Fig. 1). Postoperatively, the patient was discharged with no acute complications. The patient presented 10 days later with vomiting and lower abdominal pain. Contrast-enhanced computed tomography (CT) showed a collection in the pelvis containing a calcified density consistent with a retained appendicolith (Fig. 2). Percutaneous drainage of the pelvic collection was initially performed. Despite this, the pelvic collection recurred, and a laparotomy was performed, during which the collection was drained and the appendicolith was removed.

The diagnosis of a retained appendicolith is a rare complication following appendectomy. As Guillem et al. [1] describe in their review, this complication may be avoided if systematic division of the appendix is performed between double ligatures. Percutaneous removal of retained calculi from the abdomen has been advocated for the removal of retained calculi in the peritoneal cavity within abscess cavities associated with fistulous tracts [2], although this was not technically possible in our case. CT is the imaging technique of choice for the evaluation of this unusual complication.

References

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2. O'Shea SJ, Martin DF (2003) Percutaneous removal of retained calculi from the abdomen. *Cardiovasc Intervent Radiol* 26: 81–84

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Fig. 1. Plain film of the abdomen demonstrates an appendicolith in the right iliac fossa (arrowhead).

Fig. 2. Contrast-enhanced computed tomography demonstrates an appendicolith within a pelvic abscess (arrowhead).