

## **Gangrenous Appendicitis in an Elderly Male**

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### **Background:**

Appendicitis is one of the most common causes of acute abdomen with 250,000 cases reported annually in the U.S. Clinical manifestations include right lower quadrant abdominal pain, nausea, vomiting, and low grade fever. However, in the elderly population they may present with atypical or non-specific symptoms of appendicitis.

### **Case Presentation:**

An 82-year-old Hispanic gentleman presents to the emergency department with chief complaint of epigastric pain, dizziness and vomiting after eating breakfast in the morning. He reports the epigastric pain is sharp, 4/10, radiating to the left arm with no alleviating or aggravating factors. Vitals on presentation showed a temperature of 98.6F, BP 108/50, heart rate 87, SpO2 94%. Labs revealed an elevated white cell count of 13.68, creatinine of 1.6, high sensitivity troponin of 105. An abdominal ultrasound was ordered which was unremarkable and CT abdomen and pelvis without contrast showing fluid filled distended loops of small bowel likely the result of an abdominal ileus. The patient continued to have worsening abdominal pain in the following days with physical exam now revealing rebound tenderness, guarding and signs of peritonitis. Leukocytosis worsened to 15.58 and surgery was consulted. The patient was taken for an exploratory laparotomy and was found to have a perforated gangrenous appendix.

### **Conclusion:**

One in every 2000 adults over the age of 65 will develop appendicitis annually, making it an important cause of abdominal pain in this age group. The elderly have a higher rate of perforation at the time of presentation with one study stating that the mortality rate from perforated appendicitis in patients over the age of 80 was 21%. Elderly patient's may not present with the classic presentation of appendicitis as seen in this case and thus, a high degree of suspicion is needed to make a prompt diagnosis. Although it is a condition we mostly see in the younger population, it is important to keep appendicitis as a differential diagnosis in the elderly.