

Duplication of Vermiform Appendix in a 6-Year-Old Child

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Duplication of the vermiform appendix is an extremely rare congenital anomaly, with a reported incidence of 0.004% [1]. Even though the abnormality is rare, the complications that might arise from an unidentified appendicular duplication may have serious impact for the patient [2]. Pre-operative diagnosis of this condition is often difficult, and it is usually determined during the operation [3]. We report a case of appendicular duplication in a child.

A 6-year-old boy presented with vomiting and right lower quadrant abdominal pain. His physical examination revealed tenderness in the right iliac fossa. Laboratory investigations, including serum electrolyte levels, complete blood count, and C-reactive protein were within normal limits. Ultrasound of the abdomen showed a normal appendix. In the face of persistent abdominal pain, a computed tomography scan was performed revealing a blind-ending tubular structure arising from the ileal loops. Meckel's diverticulum scintigraphy was negative. Laparoscopy revealed a double appendix (Figure 1). The two appendices were macroscopically normal. There were no other noteworthy surgical findings and the remaining abdominal viscera were normal. The appendices were removed and sent for histopathological examination, which confirmed the diagnosis of double appendix. Inflammatory changes were found in one appendix; the other appendix was normal.



Figure 1: Per-operative photograph showing the appendicular duplication.

Although rarely encountered, recognition of appendicular duplication is important for surgeons. Serious clinical and medicolegal consequences could arise from misdiagnosing this condition.

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