



GAVIN CONFERENCES

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### **Pneumatosis intestinalis of small bowel with perforated appendicitis**

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**Case:** An 84-year-old Caucasian male presented with acute onset of central abdominal pain shifting to the right iliac fossa. This is on a background of one-year history of chronic central abdominal pain with no associated change in bowel habits or weight loss. He was thoroughly examined and investigated with positive findings on CT scan of pneumatosis intestinalis and pneumoperitoneum. Subsequent colonoscopy and endoscopy have been unremarkable. On presentation, he had localized right lower quadrant peritonism. Without further delay he proceeded to an exploratory laparotomy with findings of perforated appendix, pus in the pelvis and right iliac fossa. There was no small bowel perforation, ischemia, obstruction but there was extensive pneumatosis intestinalis of the small bowel. He recovered well and discharged home on day 4.

**Conclusion:** Pneumatosis intestinalis in a rare condition of gas in the bowel wall, mucosal integrity, intraluminal pressure, bacterial flora, and intraluminal gas have an interactive role in its formation. CT can be used to diagnose PI on imaging. Stable patient with PI could be observed, unstable patients with peritonitis need operative intervention.

This is a rare occurrence of longstanding PI for one year prior to presentation with acute perforated appendicitis. There are a handful of case reports of PI associated with appendicitis, however, our literature review has not found a similar presentation so far.

#### **Biography**

Venkata Seelamanthula is a Surgical Registrar at Caboolture Hospital, Queensland, Australia. He is actively involved in teaching medical students. He is a member of the Royal college of Surgeons, Edinburgh. He graduated from Kathmandu Medical college, Nepal. He published his research work in Annals of Surgeons. Presented papers in scientific meetings in Australia and international conferences.

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