Appendicitis occurring 3 years after ingestion of metallic pin

Yutulduktan 3 yıl sonra apendisite neden olan metal iğne

To the Editor,

Accidental foreign body (FB) ingestion is frequent in the pediatric age group. Most FBs pass through the digestive tract without incident; however, in 1% of cases, an ingested FB causes complications such as intestinal perforation, intestinal obstruction, fistula formation, and appendicitis (1). On rare occasions, ingested FBs make their way into the appendix and are not able to reenter the normal gastrointestinal tract (2). Because of its posterior and inferior location, the appendiceal orifice is located in the most dependent portion of the cecum in both the upright and supine position, and FBs may lodge within the appendiceal lumen, causing obstruction and subsequent FB appendicitis (3). A 13-year-old boy was admitted to our hospital with a 24-hour history of abdominal pain, nausea and vomiting. On examination, the child had a non-distended abdomen and right lower abdominal tenderness. Initial investigations showed a leukocytosis of 12.4 x 10^9/L (reference range: 4.0-11.0) and an elevated C-reactive protein of 34.1 mg/L (reference range: 0–10). Plain abdominal X-ray showed what appeared to be a FB (metallic pin) in the region of the right iliac fossa (Figure 1). There was a history of pin ingestion three years before. A perforation at the medial portion of the appendix was seen. The pin was not found in the abdominal cavity, and was demonstrated inside the distal end of the appendix during the pathological evaluation (Figure 2). On postoperative day 2, he was able to tolerate some liquids and was slowly advanced to a regular diet. The patient was discharged from the hospital on the postoperative 7th day. Appendicitis and its complications remain a common problem affecting all age groups. The primary pathology is luminal obstruction, while FBs are seldom the cause (4). FB ingestion is common in pediatrics. Klingler et al. (5) reported that ingested FBs account for 0.0005% of the etiology in acute appendicitis. Pins were the commonest FBs in

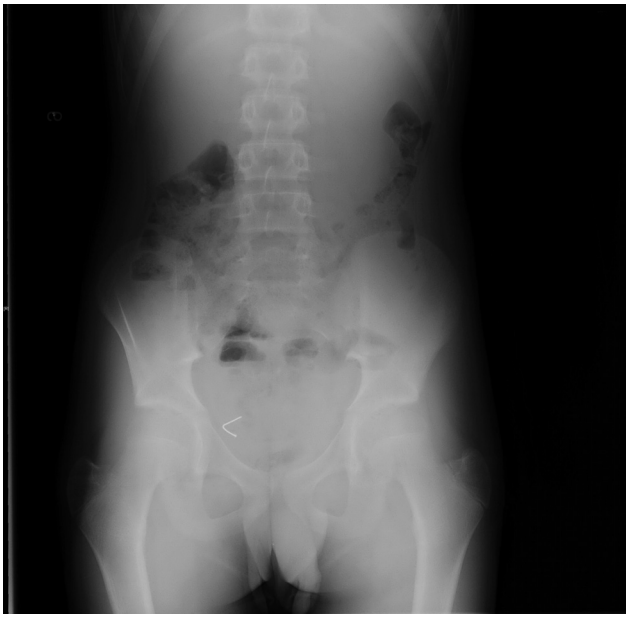

Figure 1. Plain radiograph of the abdomen.

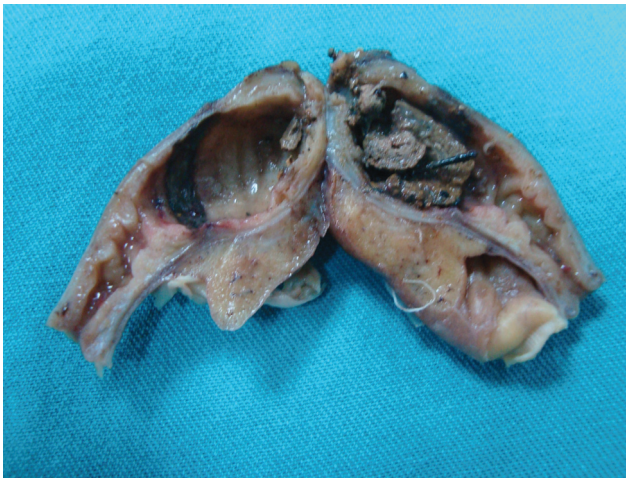

Figure 2. Postoperative photograph demonstrating an intraluminal pin and appendix.

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the appendix (2,6). Appendicitis, appendiceal perforation and appendiceal abscess can occur days to years after FB ingestion (6). The metal pin was ingested unintentionally three years before presentation to our hospital. FBs in the appendiceal lumen may cause inflammation, perforation and peritonitis, and appendicitis can occur days to years after FB ingestion. Surgery seems to be the only effective therapeutic approach to treat FBs in the appendix.

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Polyarteritis nodosa with perforation of the cecum

Poliarteritis nodosaya bağlı çekum perforasyonu

To the Editor,

Polyarteritis nodosa (PAN) is a systemic vasculitis involving small- and medium-sized arteries, and it may present with various clinical features. We report herein a case of PAN presented with perforation of the cecum, which is seen very rarely.

A 12-year-old boy was referred to our hospital with a possible diagnosis of appendicitis. He had been operated for ventricular septal defect during infancy, and recurrent aphthous ulceration was noted in his medical history. In his physical examination, diffuse abdominal tenderness was noted; there was no significant abnormality in the rest of the physical examination. Laboratory investigations revealed pathologic leukocytosis (WBC: 24,500/mm^3) and highly elevated C-reactive protein (CRP) (162 mg/dl). Abdominal ultrasonography showed a marked edematous appendix and minimal pericholecystic fluid. During the operation, the appendix was seen as hyperemic. On the antimesenteric surface of the cecum and distal colon, ulcerated and ischemic lesions were seen, 3-4 mm in diameter. During exploration following the appendectomy, the perforated portion of the intestine (2-3 cm in length) was opened. When the intestinal mucosa from the perforated site was inspected, lesions 2-10 mm in length were seen on the internal surface of the cecum and colon over a 10 cm segment. The cecocolic segment including these lesions was resected, and side-to-side anastomosis was performed. The histopathological evaluation revealed mucosal erosions, particularly in the walls of the small- and medium-sized vessels, which were in the granulation tissue with inflam-

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