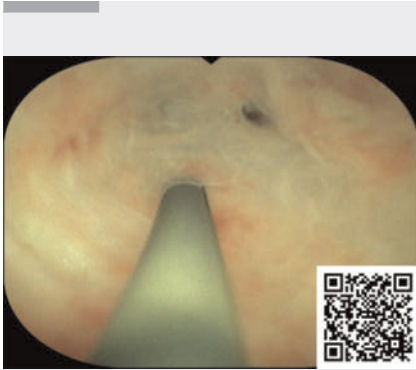


## Multifocal stenosis in purulent appendicitis with fecalith

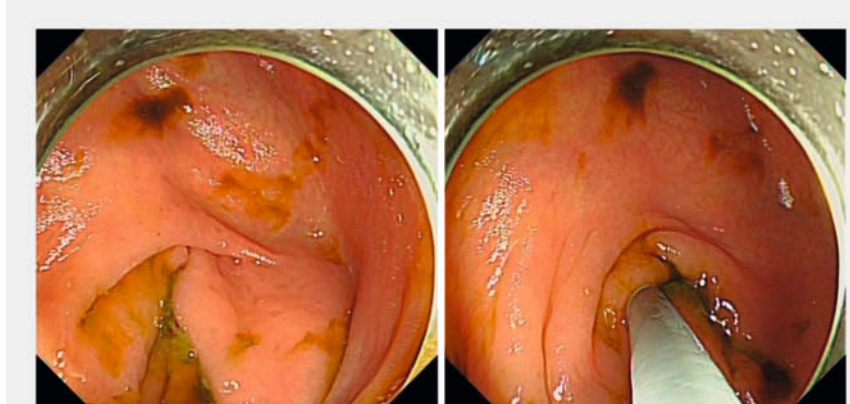
OPEN  
ACCESS



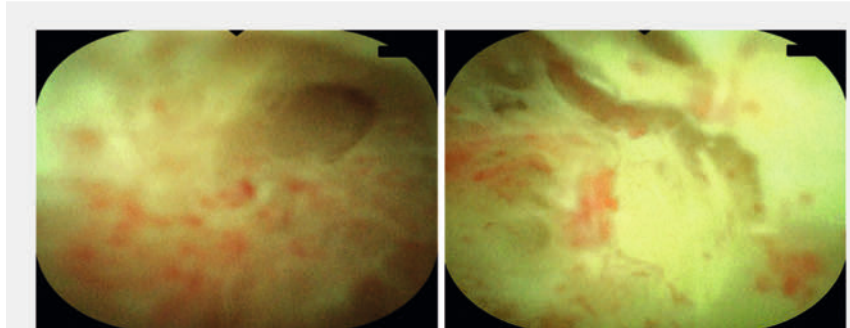
▶ **Video 1** Endoscopic diagnosis and treatment of multifocal stenosis in purulent appendicitis with fecalith.

A 32-year-old woman was admitted for abdominal pain around the navel for over 1 year. At the local hospital, an abdominal CT scan showed appendicitis and an appendiceal fecalith. Subsequently, endoscopic retrograde appendicitis therapy was prepared but failed because the guidewire and catheter could not access the appendix lumen [1]. As a result, the patient was referred to our hospital for further treatment.

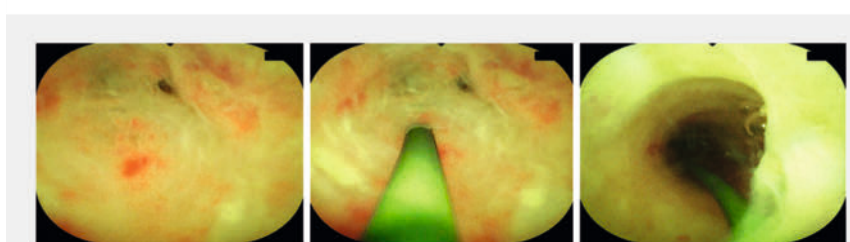
After admission, abdominal ultrasonography confirmed the appendiceal fecalith (0.82 × 0.29 cm; appendix size: 5.0 × 0.7 cm). Endoscopic retrograde appendicitis therapy using an appendoscope (eyeMAX, 9-Fr; Micro-Tech (Nanjing) Co., Ltd., Nanjing, China) was planned. During the operation, the appendoscope was inserted into the appendiceal lumen and detected apparent mucosal erosion and suppuration (▶ **Video 1**, ▶ **Fig. 1**). Lumen stenosis was found in three sites. When it was difficult to distinguish the stenosis from the appendix terminus, a guidewire was used for exploration. Once the stenosis was determined, it was repeatedly dilated with the appendoscope body. Finally, we found the fecalith at the end of the appendix, removed the stone with a basket, and fully washed the cavity with 0.5% metronidazole (▶ **Fig. 2**, ▶ **Fig. 3**,



▶ **Fig. 1** Appendoscope passing through the appendiceal orifice.



▶ **Fig. 2** Passing through the first stenosis.

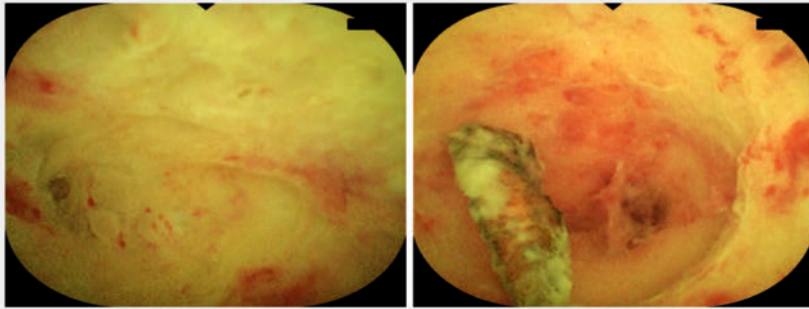


▶ **Fig. 3** Passing through the second stenosis with the help of a guidewire.

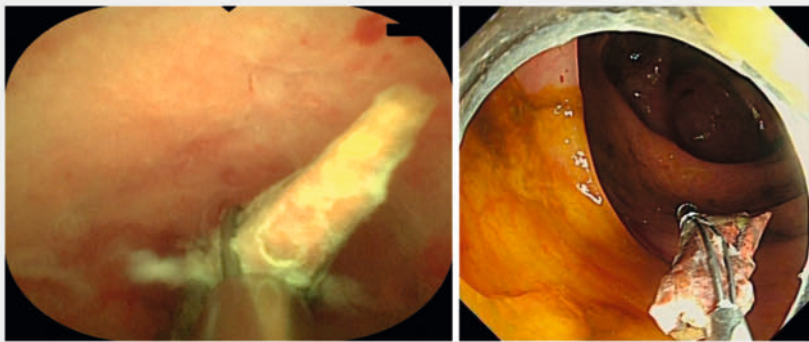
▶ **Fig. 4**, ▶ **Fig. 5**). The patient's abdominal pain was relieved immediately after the procedure, and she was discharged 2 days later. No recurrence or any other adverse event was noted during a 2-month follow-up. To the best of our knowledge, this is the first reported endoscopic diag-

nosis and treatment of multifocal stenosis in purulent appendicitis with fecalith.

Endoscopy\_UCTN\_Code\_TTT\_1AQ\_2AJ



► **Fig. 4** Passing through the third stenosis and detecting the fecalith.



► **Fig. 5** Removing the fecalith with a basket.

## Funding Information

Hubei Province Health and Family Planning Scientific Research Project WJ2023M065

Special Project of Knowledge Innovation of Wuhan Science and Technology Bureau (Dawning Project) 2022020801020490

Project of Excellent Doctoral (Postdoctoral) of Zhongnan Hospital of Wuhan University ZNYB2019003

## Conflict of Interest

The authors declare that they have no conflict of interest.

## The authors

**Fan Wang**<sup>1,2</sup>, **Yue Zhu**<sup>1,2</sup>, **Qiu Zhao**<sup>1,2</sup>, **Hongling Wang**<sup>1,2</sup>

- 1 Department of Gastroenterology, Zhongnan Hospital of Wuhan University, Wuhan, China
- 2 Hubei Clinical Center and Key Lab of Intestinal and Colorectal Diseases, Wuhan, China

## Corresponding author

**Hongling Wang, MD**

Department of Gastroenterology, Zhongnan Hospital of Wuhan University, 169 Donghu Rd, Wuchang District, Wuhan 430071, China zhnwhl@163.com

## Reference

- [1] Yang B, Kong L, Ullah S et al. Endoscopic retrograde appendicitis therapy versus laparoscopic appendectomy for uncomplicated acute appendicitis. *Endoscopy* 2022; 54: 747–754. doi:10.1055/a-1737-6381

## Bibliography

*Endoscopy* 2024; 56: E108–E109

DOI 10.1055/a-2239-3401

ISSN 0013-726X

© 2024. The Author(s).

This is an open access article published by Thieme under the terms of the Creative Commons Attribution License, permitting unrestricted use, distribution, and reproduction so long as the original work is properly cited.

(<https://creativecommons.org/licenses/by/4.0/>)

Georg Thieme Verlag KG, Rüdigerstraße 14, 70469 Stuttgart, Germany



## ENDOSCOPY E-VIDEOS

<https://eref.thieme.de/e-videos>



*E-Videos* is an open access online section of the journal *Endoscopy*, reporting on interesting cases

and new techniques in gastroenterological endoscopy. All papers include a high-quality video and are published with a Creative Commons CC-BY license. *Endoscopy E-Videos* qualify for HINARI discounts and waivers and eligibility is automatically checked during the submission process. We grant 100% waivers to articles whose corresponding authors are based in Group A countries and 50% waivers to those who are based in Group B countries as classified by Research4Life (see: <https://www.research4life.org/access/eligibility/>).

This section has its own submission website at

<https://mc.manuscriptcentral.com/e-videos>