Cholangioscope-assisted endoscopic retrograde appendicitis therapy for occult chronic appendicitis

In recent years, endoscopic retrograde appendicitis therapy (ERAT) has been widely used in the treatment of acute uncomplicated appendicitis, especially with the assistance of cholangioscopy [1, 2]. However, the diagnosis and treatment of chronic appendicitis has always been a challenge. Chronic appendicitis is often overlooked owing to atypical symptoms and unclear imaging changes [3]. We report a case of recurrent unexplained lower right abdominal pain. Through cholangioscope-assisted ERAT, the patient was diagnosed as having chronic appendicitis with a pinhole-like stenosis and suppuration, adequate drainage was performed, and the abdominal pain was completely relieved.

A 35-year-old woman presented with recurrent lower right abdominal pain for 6 months. Computed tomography (CT) showed her appendix to be normal. After the patient had given informed consent, a cholangioscope-assisted ERAT procedure was performed (▶ Video 1). Colonoscopy showed no abnormalities in the appendix. A cholangioscope was inserted into the appendiceal cavity, where scattered mucosal congestion and a pinhole-like stenosis were observed (▶ Fig. 1 a). A guidewire was inserted through the stenosis, releasing a large amount of pus that was seen to flow out through the stenosis (▶ Fig. 1 b). The anterior end of the cholangioscope was used to dilate the stenosis (▶ Fig. 1 c). The cholangioscope was successfully passed through the stenosis to the blind end of the appendix and, after washing out the pus, a biliary plastic stent was placed (▶ Fig. 2). Postoperatively, the patient’s refractory abdominal pain completely disappeared.

At follow-up after 7 months, the patient reported having had no further abdominal pain. The stent was removed colonoscopically. Repeat examination of the appendix with a cholangioscope showed the mucosa was smooth and the stenosis had disappeared (▶ Fig. 3). Cholangioscope-assisted ERAT may be a very effective and safe way to diagnose and treat occult chronic appendicitis.
Conflict of Interest

The authors declare that they have no conflict of interest.

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