

Incidental drainage of a periappendicular abscess during colonoscopy

A 50-year-old man was referred to the outpatient colonoscopy clinic after a positive fecal occult blood test during screening for colorectal cancer. Colonoscopy, which was performed with the patient sedated, revealed a 12-mm tumor covered by normal, smooth mucosa at the site of the appendicular orifice. A biopsy was taken, but this led to an immediate purulent discharge occurring from the lesion (▶ **Video 1**). Therefore, a diagnosis of a periappendicular abscess was incidentally established.

After the patient had recovered from the sedation, he was specifically questioned about recent abdominal symptoms and recalled a transient self-limiting episode of abdominal pain and mild fever 2 weeks previously. Because of the abscess drainage, the patient was treated with a course

Video 1

Biopsy of an appendicular tumor being carried out in a 50-year-old man with a positive result from fecal occult blood screening. The biopsy is immediately followed by the occurrence of a purulent discharge.

of oral metronidazole and ciprofloxacin. A computed tomography (CT) scan 1 week after the procedure revealed no abnormal findings and the patient remained asymptomatic.

Acute appendicitis is the most frequent acute abdominal emergency seen in developed countries. Its most common complication is perforation and this may be followed by abscess formation [1]. Colonoscopic diagnosis and treatment of a periappendicular abscess is rare [2]. In this case a periappendicular abscess was incidentally discovered and drained during a colonoscopy. Although controversial, some authors suggest that abscesses such as this should be treated with broad-spectrum intravenous antibiotics and percutaneous drainage. Interval appendectomy should be considered in patients with a low operative risk [3]. These options have been declined by the patient, who remains asymptomatic after 10 months of follow-up.

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Competing interests: None

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