



AB183. Appendico-sigmoid fistula complicating acute appendicitis in a 5-year-old

Caroline Emily Kelly, Niall Hardy,
Gamaledeen Abdulaal, Aidan Manning

Department of Surgery, University Hospital Waterford, Dunmore Road, Co. Waterford, Ireland

Background: A 5-year-old girl presented with a 2-day history of abdominal pain, vomiting and fever. Clinical examination and markedly raised inflammatory markers were suspicious for perforated appendicitis. Of note, this patient was treated with intravenous antibiotics 5 months prior for a suspected respiratory tract infection (RTI). The patient also complained of abdominal pain during that admission and had received treatment for constipation.

Methods: At laparoscopy, perforated appendicitis with a faecolith and localised abscess was confirmed. On

attempting to mobilize the appendix, an appendico-sigmoid fistula was identified. An Endo gastrointestinal anastomosis (GIA) stapler was used to separate the appendix from the sigmoid colon, with subsequent laparoscopic appendectomy.

Results: The patient remained in hospital for 4 days of intravenous antibiotics and made an uncomplicated recovery.

Conclusions: This is a rare finding of appendico-sigmoid fistula secondary to acute appendicitis. This case highlights the benefits of a laparoscopic approach in young children, who often undergo open appendectomy. Laparoscopic surgery allowed for precise dissection of the inflamed appendix to identify the rare complication of an appendico-sigmoid fistula, reducing the risk of an iatrogenic colonic injury.

Keywords: Appendicitis; fistula; laparoscopy; paediatric

doi: 10.21037/map.2020.AB183

Cite this abstract as: Kelly CE, Hardy N, Abdulaal G, Manning A. Appendico-sigmoid fistula complicating acute appendicitis in a 5-year-old. *Mesentery Peritoneum* 2020;4:AB183.