APPENDICEAL DUPLICATION: A RARE CONDITION WITH SERIOUS CLINICAL AND MEDICOLEGAL IMPLICATIONS

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ABSTRACT
Appendectomy is usually left for junior surgical residents to perform. Though rare, a greater awareness of the condition of appendiceal duplication among junior surgical residents is essential to prevent serious clinical and medicolegal implications. This report describes the case of a 20 years old male who presented with clinical features of acute appendicitis. Intraoperatively the patient was found to have appendiceal duplication. Both the appendices were removed with a successful outcome.

KEY WORDS: Appendiceal Duplication, Vermiform Appendix, Appendectomy

INTRODUCTION
The anomalies of the veriform appendix are rare; appendiceal duplication is reported with an incidence of 0.004%. Appendiceal anomalies include anomalous location of a single appendix, horseshoe anomaly of the appendix, agenesis, duplication, and triplication.

CASE REPORT
A 20 years old male presented to the emergency room with 48 hours history of umbilical and right lower quadrant (RLQ) abdominal pain, vomiting, and anorexia. The physical examination revealed low grade fever, localized RLQ tenderness and guarding; both rebound tenderness and cough signs were positive.

The patient’s white blood cell count (WBC) was 15,000/mm³, whereas his blood chemistry and urine analysis were within normal limits. Abdominal ultrasound did not revealed anything remarkable. On the basis of clinical findings the patient was diagnosed as a case of acute appendicitis. He was admitted and taken to the operation theatre after necessary preparations for appendicectomy. At operation two appendices (Figs.1-4) were found with

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Fig. 1.

Fig. 2.
separate bases, one of them showing gross signs of inflammation with no evidence of perforation. Both the appendices were removed successfully through the gridiron incision. The patient had a smooth recovery and was discharged home on the third postoperative day.

**DISCUSSION**

Double appendix is usually asymptomatic, the majority of them are diagnosed either at surgery or on postmortem examination, while some of them are discovered accidentally during operation or on barium enema examination. Wall Bridge has classified the duplication of appendix into three types:

A) Partial duplication of the appendix on a single caecum
B) Single caecum with two completely separate appendices:
   B1: "Bird-like appendix" called so because of its resemblance to the normal arrangement in birds, where there are two appendices symmetrically placed on either side of the ileo-caecal valve
   B2: One appendix arises from the usual site on the caecum, with another rudimentary appendix arising from the caecum along the line of one of the taenia coli
C) Two caeca, each bear an appendix.

The present case represents Type B1 of the appendicular duplication.

When only one of the double appendixes is inflamed on exploration or laparoscopy, appendectomy should be done for both of them so as to avoid diagnostic confusion that may arise later, on the removal of a single appendix.

**CONCLUSION**

Appendectomy is usually left for junior surgical residents to perform. Though congenital anomalies of the veriform appendix are rare; awareness of them during performing operation carry important clinical and medico legal implications.

**REFERENCES**