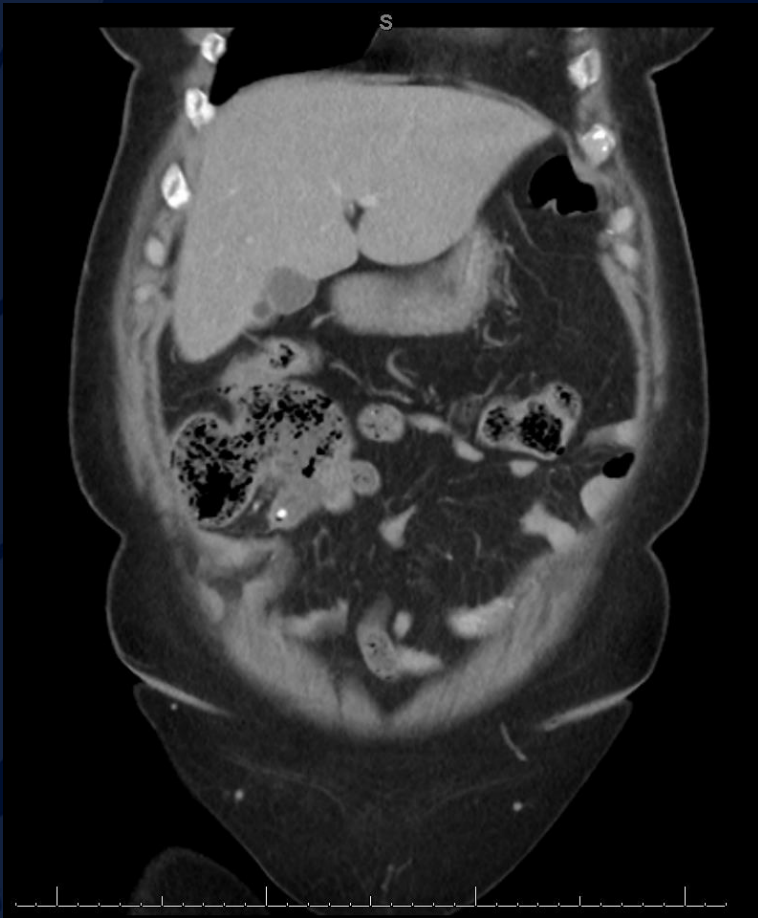


65 year old woman presented to ER with reported history of abdominal pain and nausea. No rebound or RLQ tenderness on physical exam.

Allan Zhang, DO



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

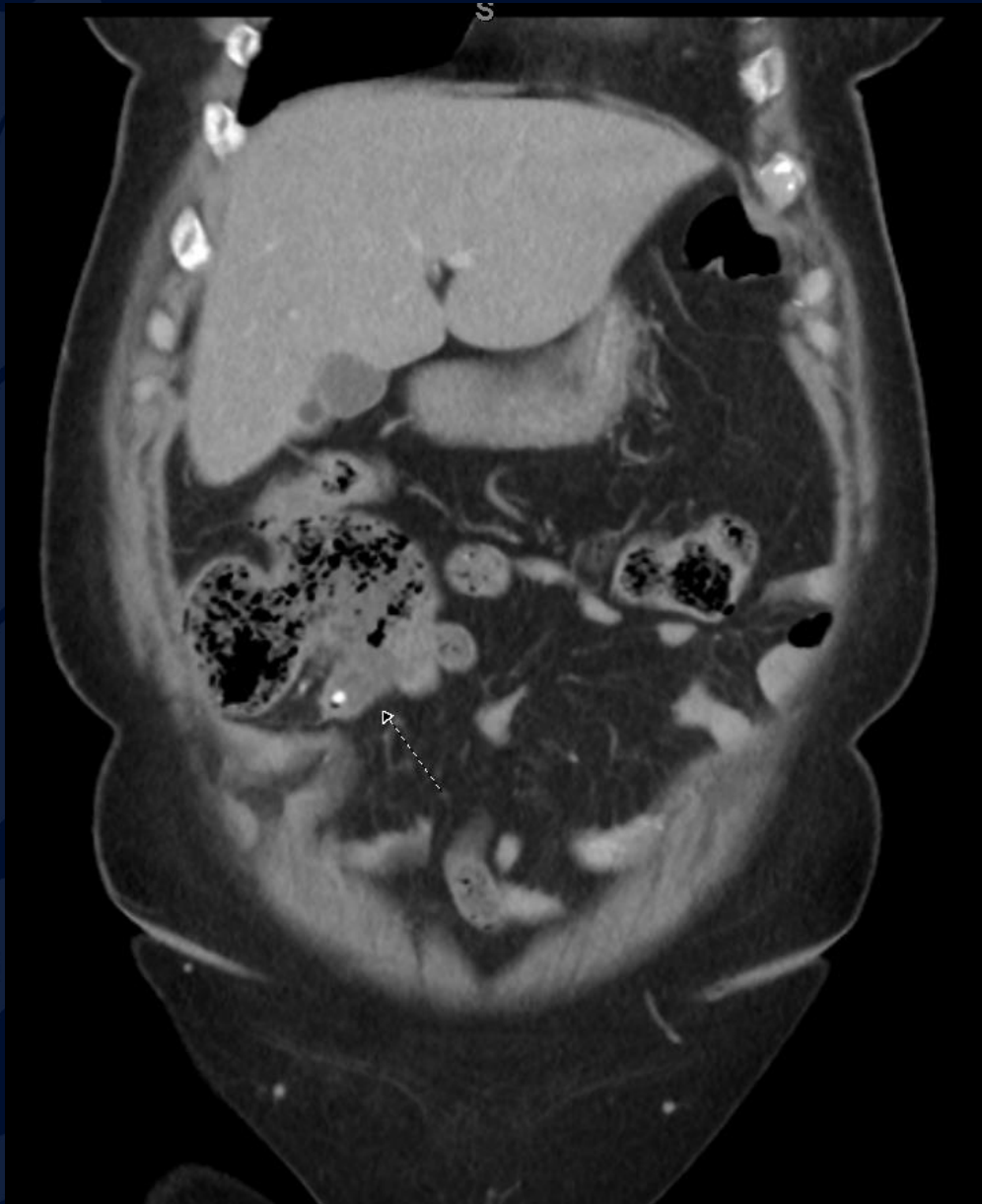
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A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The leaf's edge is serrated.

Acute appendicitis



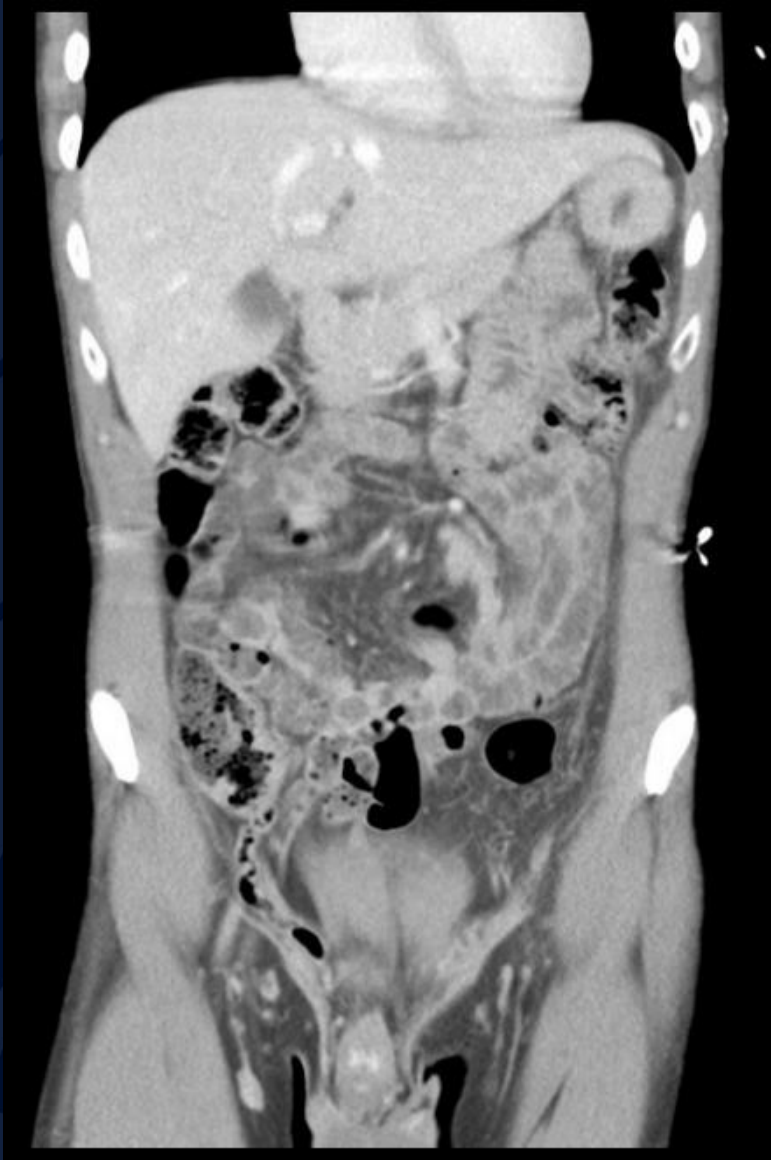
- Dilated hyperemic appendix in right mid abdomen measuring up to 1.6cm at the base.
- 0.7cm appendicolith is present.



- No free intraperitoneal air
- No organized drainable collection

Acute appendicitis

- Classically, starts with periumbilical pain, and then localizes to McBurney's point (1/3 the distance from umbilicus to ASIS) within one or two days associated with nausea, vomiting, fever.
- Can present with pelvic pain, diarrhea, flank pain, groin pain: appendix within an inguinal hernia (Amyand hernia) or appendix within a femoral hernia (De Garengeot hernia)



Amyand Hernia



De Garengeot Hernia

Radiologic findings

- CT is highly sensitive (>95%) and specific (>95).
- dilated appendix with distended lumen (>6 mm diameter)
- thickened and hyperemic wall
- periappendiceal inflammation, including stranding of the adjacent fat
- appendicolith may also be identified
- Look for abscess or free intraperitoneal air