Unexpected diagnosis of a right iliac fossa mass in the elderly

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Abstract

Introduction: The diagnosis of pains and masses of the right iliac fossa (RIF) represents a real diagnostic challenge for clinicians, particularly in the elderly, mainly because of the important clinical polymorphism at this age, and anatomical changes caused by senescence.

We are reporting an original observation of an unexpected diagnosis of a RIF mass in the elderly.

Case report: A 87-year-old Tunisian woman, without pathological medical history, was hospitalized in our department for exploration of a painful RIF mass evolving for two weeks. The somatic examination found a mass of the right iliac fossa, of hard consistency, tense, fixed in the deep plane, without fever or deterioration of the general state, or local cutaneous signs. The biology showed leukocytosis at 12 800/mm3 with 75% neutrophils, high erythrocyte sedimentation rate at 83mm/H1, and C-reactive protein at 22mg/l.

Abdominal ultrasound and CT concluded at acute cholecystitis (AC). Surgery confirmed the diagnosis of acute gangrenous cholecystitis with significant dilatation of gallbladder that was prolapsed in the RIF.

Conclusion: As rare as it is, AC as possible etiology of RIF mass in elderly must be known to avoid diagnosis delay and improve the prognosis. To the best of our knowledge such a presentation was reported only once previously.

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Key words: acute cholecystitis, elderly, right iliac fossa, mass, tumor, acute abdomen

Received: December 03, 2018; Accepted: December 10, 2018; Published: December 12, 2018
of bile ducts. At the end of this assessment, the preoperative diagnosis was acute cholecystitis located in the RIF. The surgical intervention confirmed the imaging data and revealed a significant dilatation of gallbladder that was prolapsed in the RIF. The macroscopic aspect and the histological examination were favor acute gangrenous cholecystitis (Figure 6).

**Discussion**

Tumor pathology of RIF in the elderly is by far dominated by complicated acute appendicitis of appendicular abscesses, coecal diverticulitis with periappendicitis, and right colon cancers [6,7]. Inflammatory colitis (Crohn’s disease and ulcerative colitis) complicated by abscesses or inflammatory pseudotumors, ileocaecal tuberculosis, gynecological causes in women (adnexal infections and ovarian tumors), and hematomas of the iliac fossa are more rarely noted [3,8,9].

Sometimes diagnostic surprises can be discovered during investigations and/or surgical procedures for RIF masses in the elderly such as: pedunculated hepatocellular carcinoma, amoebic liver abscess, Spiegel hernia, pseudotumoral actinomycosis, pharmcocbezoar, ileo-caecal intussusception, mucocele of the appendix, mesenteric teratoma, or unusually very dilated or ptosed gallbladder [6,10-18].

The considerable dilations/ptosis of the gallbladder are exceptional: only 158 cases were noted in the large series of 4575 pathological gallbladders of Baumgartner CJ (3.45%) [18]. This dilations/ptosis of the gallbladder may be complicated by unusual acute cholecystitis manifesting as pain and/or swelling of the RIF.
A single case of AC with dilated gallbladder simulating a RIF tumor in an 84-year-old woman was previously reported in the international medical literature [9]. Our observation is, to our knowledge, the second reporting such a presentation. Medical imaging, in particular abdominal computed tomography, plays a crucial role in the characterization and the diagnosis of certainty of these masses of RIF mass in the elderly [7]. Abdominal ultrasonography, although often indicated as a first-line examination, is not sufficient on its own for the diagnosis of certainty of RIF masses; However, it allows to identify the organ of origin of the swelling in more than 90% of cases [1].

Conclusion

As rare as it is, AC as possible etiology of RIF mass in elderly must be known. This knowledge will avoid diagnosis delay, and improve the prognosis of this disease, potentially fatal in geriatrics.

Our case is, to the best of our knowledge, the second case of AC presented as a mass of the RIF in the elderly.

Conflicts of interest

None.

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