Subhepatic appendicitis presenting with right upper quadrant pain

Subhepatic appendicitis is a rare presentation and is often confused by clinicians in the emergency department. A 32-year-old man re-presented with right upper quadrant pain and a working diagnosis of cholecystitis just 2 days after being sent home with buscopan after suspected gastroenteritis. Diagnosis was confirmed only after computed tomography, which revealed a high riding appendix secondary to fetal malrotation (*Figure 1*).

Although appendicitis is largely a clinical diagnosis, this highlights the importance of maintaining a low threshold for performing an abdominal computed tomography scan and/or laparoscopy even in younger patients who deteriorate or present atypically. Laparoscopy in these cases of colonic malformation acts as a valuable adjunct to radiological investigations and helps to guide the surgeon's approach, minimizing the need for a large incision. Using these methods establishes an earlier diagnosis, thus shortening the hospital length of stay and further reducing morbidity and mortality outcomes. BJHM

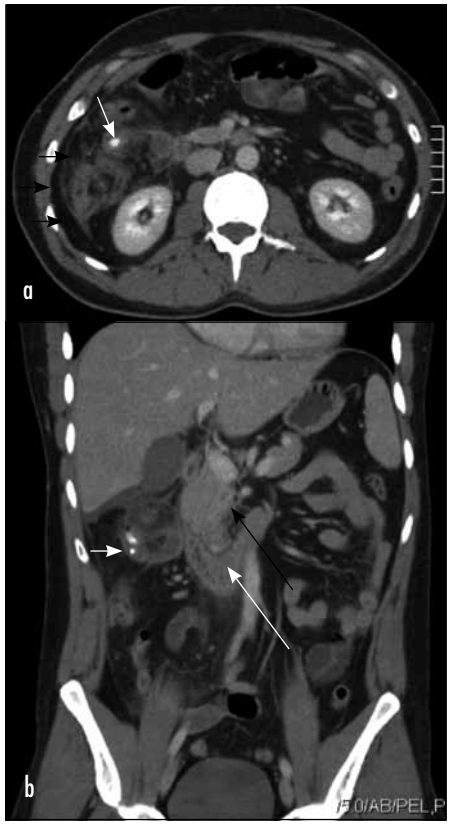
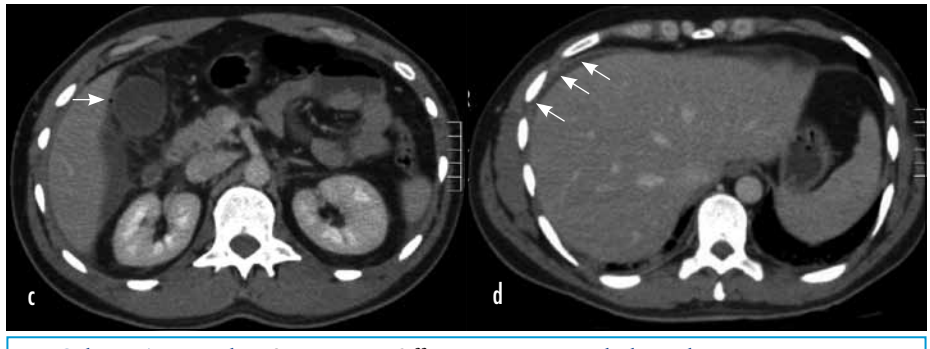


Figure 1. a. Contrast-enhanced computed tomography showing a thickened and distended appendix containing an appendicolith (arrow) and fat stranding and inflammation (black arrow). b. Coronal reconstruction showing a high appendix seen in the right upper quadrant (short white arrow) and the duodenum (long white arrow) and pancreas (black arrow). c. Free locule of air seen adjacent to the gall bladder suspicious of perforation (arrow). d. Small amount of free fluid seen in the right subphrenic space and pelvis.



Dr Othman Z Kirresh *is Senior House Officer,* **Mr Ioannis Nikolopoulos** *is Registrar in General Surgery,* **Miss Tayo Oke** *is Consultant in Colorectal Surgery and* **Miss Susan Koshy** *is Registrar in General Surgery in the Department of General Surgery, Queen Elizabeth Hospital, London SE18 4QH*

Correspondence to: Dr OZ Kirresh (othmankirresh@doctors.org.uk)