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Not all right lower abdominal pain is appendicitis

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A 59-year-old Asian woman presented with acute abdomen and a history of intermittent abdominal discomfort, diarrhoea and weight loss for the past 4 years. Physical exam showed tenderness over her right iliac fossa but was negative for psoas, obturator and Rovsing signs. Blood investigations including infectious screen were unrevealing. Thread-like calcifications were observed on plain abdominal X-ray (Figure 1). Wall thickening at the proximal ascending colon and serpentine calcification at the mesenteric veins were evident on the computed tomography scan (Figure 2). These are classical radiological findings of idiopathic mesenteric phlebosclerosis. Bowel thickening involving the proximal ascending colon had been caused by ischaemic effects of venous occlusion. The patient was given pain medication, and remained symptom-free at 3-month follow up.

Idiopathic mesenteric phlebosclerosis is a rare subtype of ischaemic colitis and may mimic acute appendicitis if it occurs at the proximal ascending colon. Pathogenesis is caused by reactive hyperplasia of the myointima as a result of gradual venous occlusion (Chang, 2007). Certain chemicals found in ingested substances (eg Genoposide-related Chinese herbs) may be responsible for vascular damage and occlusion (Hiramatsu et al, 2012).

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Figure 1. Plain abdominal X-ray showed thread-like calcifications (black arrows) – evidence of mesenteric phlebosclerosis.

Figure 2. Computed tomography scan showed wall thickening at the proximal ascending colon (white arrows) as a consequence of ischaemic change of mesenteric phlebosclerosis (serpentine calcification, black arrows).