

Recurrent Rectal Bleeding from an Appendiceal Stump Granuloma: A Rare Late Complication of Appendectomy

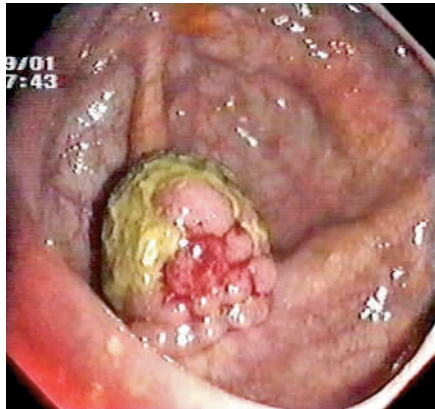


Figure 1 A 25-year-old man underwent appendectomy for acute, gangrenous, nonperforating appendicitis; the stump was ligated with a linen suture and inverted. One year later, he developed recurrent rectal bleeding which got progressively worse and he was re-admitted to the regional hospital. After correction of his electrolyte imbalance and a blood transfusion, the bleeding stopped and he was discharged on day 6. The patient was admitted to our hospital 2 weeks later for further clinical examination and surgical treatment. Colonoscopy identified an inflammatory tumor of the cecum as the probable source of bleeding. He underwent an ileocecal resection and was discharged 5 days later, on day 12 of this hospital stay.

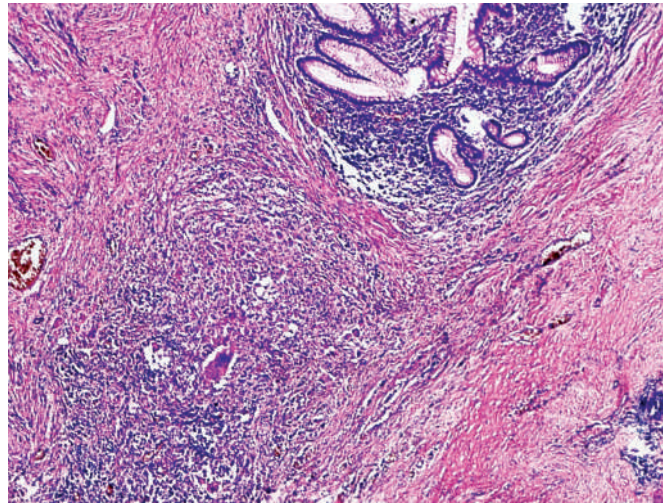


Figure 2 Histological examination revealed an ill-defined area of chronic fibrous inflammatory reaction in the appendiceal stump, with focally ulcerated tissue, surrounded by otherwise normal mucosa. The superficial inflammatory infiltrate was oligocellular, with a variety of inflammatory cells, mostly mononuclear cells and macrophages. There were foci of inflammation with clear evidence of foreign-body granulomas, but this was not found in a number of other, surrounding sections of appendiceal stump tissue. Serial sections and histochemical studies did not demonstrate any foreign microparticulate material, micro-organisms, or indirect signs of microbial infiltration or parasitic infestation. No vascular pathology, other types of inflammatory reaction, or any other significant histopathological abnormality was seen in the remainder of the resected tissue.

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