

The Hidden Threat: Mesentric Ischemia Disguised As Simple Appendicitis - Case Report

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ABSTRACT

Mesenteric ischemia is a life-threatening condition resulting from inadequate blood flow to the intestines. Its early symptoms often mimic common abdominal conditions such as acute appendicitis, leading to diagnostic delay and increased morbidity. Here we have discussed a case of 30 years male presented with Right lower Abdominal pain and Vomiting and clinically suggestive of Acute appendicitis. Initial Laboratory findings showed mild Leukocytosis, and ultrasound was nil significant. On Per Rectal Examination finger stalk stained with blood-tinged stool. The patient underwent Diagnostic laparotomy, revealing ischemic bowel segment 15 cm away from from Ileocaecal junction. Further evaluation confirmed acute mesenteric ischemia due to thrombosis of a branch of Superior mesenteric artery. Bowel resection with anastomosis was performed, and the patient had an uneventful recovery following timely intervention.

KEYWORDS: Acute mesenteric ischemia, abdominal surgery, Leukocytosis, abdominal pain, Gangrene bowel.

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INTRODUCTION

Acute mesenteric ischemia represents one of the most challenging diagnoses in emergency abdominal surgery due to its nonspecific presentation and rapid progression to bowel necrosis if untreated. Despite being relatively uncommon, accounting for less than 1% of all cases of acute abdomen, its mortality rate remains as high as 60–80% when diagnosis is delayed. The early symptoms of mesenteric ischemia—abdominal pain, nausea, vomiting, and tenderness—often overlap with those of more common surgical conditions such as acute appendicitis, gastroenteritis, or perforated peptic ulcer. This clinical overlap frequently leads to misdiagnosis, especially when imaging findings are inconclusive. Appendicitis remains one of the most common causes of emergency laparotomy, and clinicians are inclined to diagnose it based on classical right lower quadrant pain and leukocytosis. However, mesenteric ischemia involving the terminal ileum or cecum can produce a similar clinical picture, making it a diagnostic trap.

CASE REPORT

A 33 years male patient came to GS Opd with a complaint of diffuse abdominal pain since 1 day associated with 4 episodes of vomiting and 4 episodes of loose stools. On examination Abdomen was Soft, Tenderness Present over Right iliac fossa and suprapubic region, Rebound tenderness was present. And Clinically diagnosed and Appentitis. On Per Rectal examination Examining finer stained with blood tinged stools. For further evaluation Computed tomography of abdomen taken and reports came as Distal ileal loops and caecum appears thickened with engorged ileocecal mesentery and surrounding fat stranding. Minimal fat stranding along the superior mesentric and ileocolic vessels and Visualised base of appendix appears edematous leading into isodense, Collection in retrocecal location with few adjacent air pockets- to consider possibility of contained appendiceal rupture. Patient planned for Laparotomy and Proceed And Intra Operatively found 2 feet of Ischemic Bowel Segment 15cm away from Ileocaecal junction. Resection and Anastamosis done. Resected specimen sent for histopathology and came as Gangrene bowel.



DISCUSSION

Most patients present with abdominal pain of sudden onset. The early phase of AMI can be characterized by a mismatch between the severity of the abdominal pain and minimal findings on physical examination. Patients can also present with symptoms of nausea and vomiting. The location of pain varies, but as ischemia progresses to infarction, it becomes diffuse. The development of transmural infarction may also be signalled by fever, bloody diarrhoea and shock. This case presents an unusual and diagnostically challenging instance of acute mesenteric ischemia mimicking acute appendicitis. The clinical presentation with right lower quadrant pain, vomiting, and tenderness closely resembled classical appendicitis, leading to a misleading preoperative diagnosis. However, intraoperative findings revealed a segmental ischemia of the ileum due to thrombosis of a branch of the superior mesenteric artery—a rare occurrence, especially in a young adult without significant comorbidities. The novelty of this case lies in the deceptive presentation and the crucial role of timely surgical exploration in preventing catastrophic outcomes. Despite advancements in imaging and diagnostic modalities, mesenteric ischemia remains a condition where subtle clinical clues, such as blood-stained stool on per rectal examination, can guide early intervention. The successful outcome following bowel resection and anastomosis in this patient highlights the importance of maintaining a high index of suspicion for vascular causes in atypical cases of suspected appendicitis. This case emphasizes that prompt surgical decision-making, guided by intraoperative assessment, continues to be the cornerstone of favorable outcomes in ambiguous acute abdominal conditions.

CONCLUSION

The incidence is low, around 0.2% of all acute surgical admissions. Therefore, although the entity is uncommon, diligence is always required because if untreated, mortality has consistently been reported in the range of 50%. Early diagnosis and timely surgical intervention are the cornerstones of modern treatment and are essential to reduce the high mortality associated with this entity.