Necrosis Rescued by Stapler: A Rare Case of Fungal Appendicitis in a Pediatric Oncology Patient

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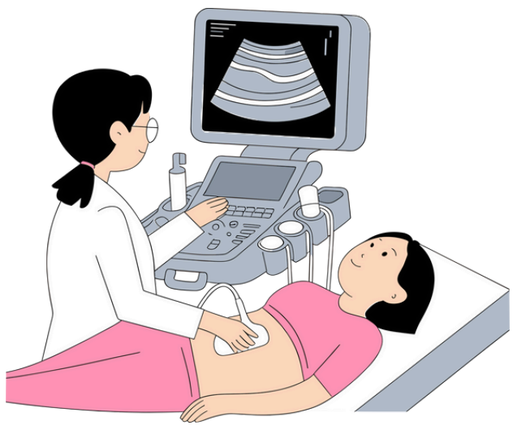
Introduction

- Abdominal pain is common in hematology-oncology patients due to malignancy or chemoterapy/ radioterapy.
- During neutropenia, serious conditions must be considered: Appendicitis, Typhlitis, Lymphadenopathy, Ischemia, Perforation
- Immunosuppression often leads to atypical clinical and imaging findings.
- When surgery is required: Resection should avoid necrotic tissue. Safe techniques must be applied from healthy, perfused areas.



Case

Patient: 11-year-old girl with hepatocellular neoplasia, receiving chemotherapy.
On Day 3 after 6th cycle: Right lower quadrant pain developed.

Imaging findings:

- Wall thickening in cecum and terminal ileum
- By Day 5: Appendix 6 mm with surrounding edema
- CRP: 365 mg/L

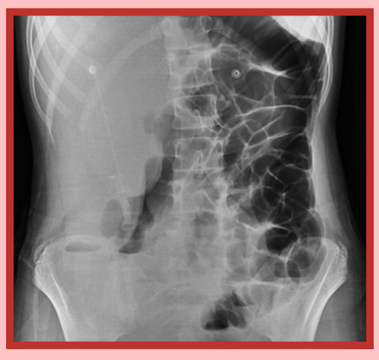
Diagnostic laparoscopy:
- Ecchymotic, poorly perfused appendix and cecum
- No perforation detected

Surgical management:o
- Due to poor vascularization, stapled excision performed at appendiceal- cecal junction
- Douglas pouch drain placed

Postoperative course: No complications occured

Pathology: Dense fungal structures (Aspergillus) identified.

Step 1



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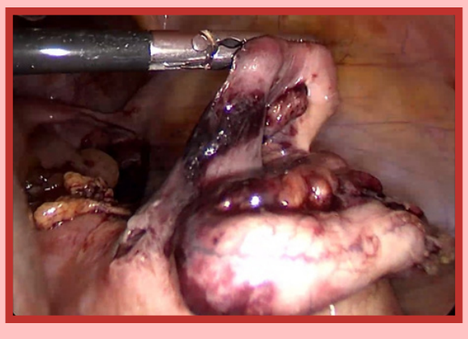

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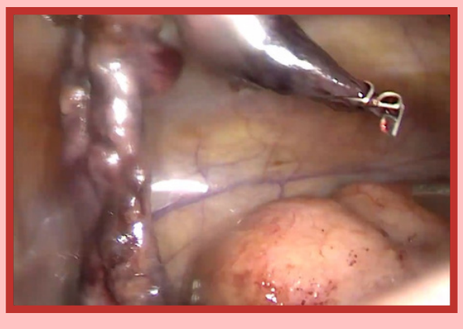

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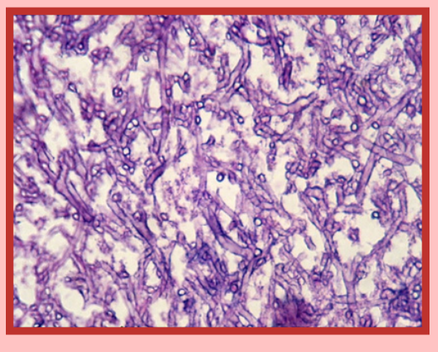

Conclusion

- In necrotic appendiceal stump cases, resection mustbe done from healthy,well-perfused tissue.
- Stapler-assisted laparoscopic appendectomy provided a safe and complication-free outcome in this case.
- Fungal appendicitis, though rare, should always be considered in immunosuppressed patients.
- Early diagnosis, careful surgical planning, and appropriate techniques are critical in high-risk pediatric oncology surgery

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References