

De-inversion of an inverted appendectomy for the Malone procedure

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CASE REPORT

The Malone antegrade continence enema (ACE) procedure was planned for a 7-year-old girl with a cloacal malformation and who had undergone several operations elsewhere. In addition to her fecal incontinence problems she also had a vesicostomy for a neuropathic bladder and bilateral grade VVUR. Her records showed that she had undergone an incidental appendectomy 5 years previously and therefore a Monti procedure was planned. On examining the caecum a tubular mass was palpated in the lumen and the caecum was opened. Surprisingly the appendix had been inverted into the lumen for appendectomy but was still viable. An attempt to de-invert was successful and the appendix was usable for the Malone procedure (Fig. 1). She also underwent a bilateral Cohen antireflux procedure and Kropp bladder-neck

reconstruction at the same time as the ACE.

COMMENT

In the treatment of intractable fecal incontinence and constipation the ACE procedure greatly improves the quality of life of many patients [1,2]. In the present case there are two points worth considering; first, patients with cloacal malformations are candidates for continence problems, and therefore an incidental appendectomy in such a case is not recommended. Second, an inverted appendectomy is an unpopular technique, and normally necrosis and sloughing occur within 10–15 days, but rarely the appendix may preserve its viability [3]; the technique of inverted appendectomy in this case is questionable. The role of the appendix

is expanding; it is not the useless organ it was once claimed to be. Therefore any indication of an incidental appendectomy should be evaluated.

REFERENCES

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- 3 Jarvensivu P, Lehtola J, Karvonen AL, Rinne A, Suramo I. Colonoscopic appearance of the remnant of the appendix after total inversion. *Endoscopy* 1982; **14**: 66–8

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FIG. 1.
The intraluminal inverted appendix was still viable and **b**, the appendix was de-inverted for the Malone procedure.

