

**Acute Cecal Necrosis: Report of a Case**

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**Introduction:** Acute cecal necrosis is a rare entity which may develop secondary from several causes. Pathogenesis could be related either to occlusive or non occlusive causes.

**Methods and Results:** A 37 years old caucasian female was admitted to the 'Tor Vergata' Hospital with fever, right and epigastric abdominal pain of sudden onset, nausea and vomiting. The patient had a story of several surgical operations. Physical examination: abdominal distension, tenderness, especially on right side. Blumberg and Giordano were positive. Peristalsis was absent. CT showed aerobilia, distension of intestinal handles. No abdominal or pelvic abscess was evident. Explorative laparotomy was performed. Cecal necrosis with a clear demarcation between the necrotic tract of the colon and the other part of this was discovered. Ileocecal resection with mechanical anastomosis was performed. Histopathology revealed cecal mucosal necrosis, acute transparietal flogosis, diffuse vessel thrombosis. Patient was dismissed from hospital in 7th p.o. day in quite good general condition.

**Discussion:** Cecal ischemia should be included in the differential diagnosis when patient presents acute right lower quadrant pain, particularly if the patient is elderly or has predisposing risk factors. Intestinal ischemic necrosis, especially of the cecum, rarely occurs in the absence of diffuse vascular disease; even if in our case we don't have evidence of such pathology. If the premature movements of the vessel thrombosis may be ascribed by improper use of oral contraceptives or analgesics, or alternatively at the post traumatic osteonecrosis is not verified.