

[ PICTURES IN CLINICAL MEDICINE ]

## Abdominal Wall Cellulitis in Acute Abdomen

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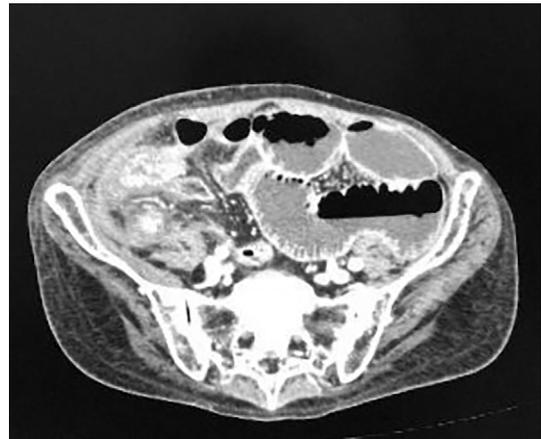
**Key words:** appendicitis, cellulitis, acute abdomen, spinal cord injury

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**Picture 1.**



**Picture 2.**

A 45-year-old man with paraplegia and dysesthesia caused by T4/5 spinal cord injury from spontaneous spinal epidural hematoma presented with a 1-day history of anorexia and a fever. A physical examination revealed a soft and nontender abdomen; however, the skin over the right lower quadrant of the abdomen was red and swollen (Picture 1). The laboratory data showed high inflammatory reaction (WBC: 11,100/ $\mu$ L, C-reactive protein: 5.79 mg/dL). Contrast-enhanced abdominal computed tomography revealed acute appendicitis with periappendicular abscess and cellulitis of the abdominal wall (Picture 2). Appendectomy was performed after treatment with intravenous antibiotics. The appendix was not perforated, but the abscess adhered strongly to the surrounding tissue. Thus, the skin inflammation was considered to be due to the abscess. Abdominal cellulitis is a rare sign of acute appendicitis that presents as aggressive intra-abdominal inflammation (1). The chief complaint of patients with appendicitis is abdominal pain. Thus, diagnosing acute abdomen is challenging in patients with neurological disorders, such as dementia and spinal cord in-

jury, and it causes increased mortality. Clinicians should be mindful regarding this dangerous sign of acute appendicitis, especially in febrile patients who are unable to complain of abdominal pain.

**The authors state that they have no Conflict of Interest (COI).**

### Reference

1. Beerle C, Gelpke H, Breitenstein S, Staerkle RF. Complicated acute appendicitis presenting as a rapidly progressive soft tissue infection of the abdominal wall: a case report. *J Med Case Rep* 10: 331, 2016.

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