Medical Memoranda

Torsion of an Appendix Epiploica Simulating Retrocaecal Appendicitis

The following case is of interest in that it is one of the rare causes of the "acute abdomen."

CASE REPORT

A male machinist aged 21 while at work one Tuesday morning was suddenly seized with pain; it began, and remained throughout, somewhat above and external to McBurney's point. It was mild at first, but was continuous and aching, and gradually became more severe until the time of operation (fifty-four hours later). The man continued at work throughout the Tuesday and Wednesday and also on the Thursday morning, when he had to give up. Not until the Thursday morning did he have any pain on walking. There was no vomiting or abnormality of micturition. Constipation was present. The previous history was of good health.

On admission to hospital fifty-two hours after the attack began the temperature was 100° and the pulse rate 110. The tongue was moist and clean. Abdominal examination revealed poor respiratory movement, with pain referred to the right side on deep respiration and on coughing. Tenderness was pronounced and was localized to a position a little above and lateral to McBurney's point. There was no rigidity, and no mass was present. Rectal examination disclosed no tenderness in the pouch of Douglas. A diagnosis of acute appendicitis was made, and it was considered that the appendix was likely to be in the retrocaecal position.

Operation.—What at first appeared to be a gangrenous tip of the appendix turned out to be an appendix epiploica; this had become gangrenous after torsion and was situated on the anterior wall of the ascending colon some 2 inches above the ileo-caecal valve. It was about an inch in length, was dark purple in colour, and had a bead of yellow pus exuding from it at one point. There was no free purulent fluid in the peritoneal cavity. The mass was excised, leaving a raw area on the colon wall which was later invaginated. A normal appendix was also removed. The abdomen was closed without drainage. The patient made an uneventful recovery.

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Local Treatment of Impetigo with Sulphanilamide

Cuilleret (1937a) reported favourably on the local application of 5% carboxy-sulphamido-chrysoidine in glycerin and water in impetigo. Later in the same year he (Cuilleret, 1937b) and Merz (1937) used a 10% sulphanilamide ointment. Since then many favourable accounts have appeared, mostly on very small series of cases. No investigation using a control series has been reported, and no bibliography of the subject has been published.

CASES UNDER REVIEW

The present series consists of 69 consecutive cases of impetigo. Alternate cases were treated with 10% sulphanilamide paste applied twice daily after the removal of all scabs. Some cases hung fire after an initial improvement, and the treatment was completed with eau d'alibour (solution of zinc and copper sulphates) or a 1% solution of gentian violet. In the control series all the scabs were removed and treatment was begun with equal parts of Lassar's paste and ung. hydrarg. ammon. dil. This was followed by alibour water and/or a 1% solution of gentian violet.

The bacteriology of the last 62 cases was investigated. The media used were blood agar and blood agar containing 1 in 300,000 parts of gentian violet, which inhibited the growth of staphylococci but not of streptococci. From 16 cases haemolytic streptococci (with or without staphylococci) were grown.

The time in days was noted between the beginning of treatment and complete cure. Those showing a white scaliness of

the skin were not regarded as cured until this had disappeared. It will be observed from the table that cure was effected more quickly in the cases treated with sulphanilamide than in the controls.

	Treated with 10% Sulphanilamide Paste	Controls
Total No. of cases	34	35
Average length of treatment	18 days	24 days
No. with haemolytic streptococci	7	9
Average length of treatment	17 days	24 days
Average time for disappearance of streptococci	10 days	13 days
No. without haemolytic streptococci	24	22
Average length of treatment	18 days	22 days

DISCUSSION

The apparently excessive length of treatment required for cure was due to the long time the men had had impetigo before this treatment started—it averaged 26 days. In the adult impetigo seems not to be a self-limiting disease. Had the sulphanilamide paste not been used till it was certain that improvement had ceased, the period of treatment would have been shortened. It was the only method used in 20 of the cases.

It seems that sulphanilamide paste is an advance on the other methods of treatment employed. Marshall (1941) finds it more effective as a powder than as an ointment; a paste combines some of the advantages of both methods of application. Perhaps sulphathiazole might give better results, as it is effective against staphylococci as well as against streptococci. Since completing this series it has been found that quicker results are obtained by choosing a remedy individually for each case and changing it during treatment as dictated by the progress and stage of the lesions.

Colebrook's (1941) observation that disappearance of the streptococci does not coincide with healing of the skin is borne out fully. The nature of the additional factor delaying healing is not known.

My thanks are due to Colonel Colebrook, who suggested this investigation; to Majors Somerford and Smith, who gave me facilities for carrying it out; to Majors Whitehead and Varvill for the bacteriological investigations; and to the officer commanding the military hospital for permission to publish the results.

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As the result of a study of eleven patients treated by sulphanilamide or its derivatives, A. A. Grimaldi (*Rev. Med. Cienc. afín.*, Buenos Aires, 1941, **3**, 62) concludes that these drugs, irrespective of the quantities administered, affect spermatogenesis under some conditions, but that the effect is of slight importance and always transitory.