

Clinical Image

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JOJ Case Stud

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Shoulder Pain After Appendectomy



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Case Report

A 13-year-old boy underwent urgent single-port transumbilical video-assisted appendectomy for acute phlegmonous appendicitis (Figure 1). Eight days later, he presented to the emergency department with acute, well-localized pain at the xiphoid process and right shoulder that worsened in the supine position, without fever or abdominal pain. Physical examination revealed a soft, non-tender abdomen without peritoneal signs; the umbilical wound showed mild erythema without signs of infection.

Given the clinical presentation, chest and abdominal radiographs were obtained, demonstrating bilateral subdiaphragmatic free air (Figure 2), more evident beneath the left hemidiaphragm, with normal intestinal gas distribution and no radiological signs of intra-abdominal complication (Figure 3).

In the context of a benign clinical status and normal abdominal examination, these findings were interpreted as residual postoperative pneumoperitoneum causing diaphragmatic irritation and referred shoulder pain. The patient showed favourable clinical evolution with conservative management and remained asymptomatic at follow-up.

Residual pneumoperitoneum is a common finding after laparoscopic procedures and may persist beyond the immediate postoperative period [1]. In children, diaphragmatic irritation caused by subdiaphragmatic free air may manifest as abdominal, chest or shoulder pain, potentially mimicking complications [2,3]. Recognition of this benign entity and correlation with clinical stability are essential to avoid unnecessary diagnostic tests and interventions.

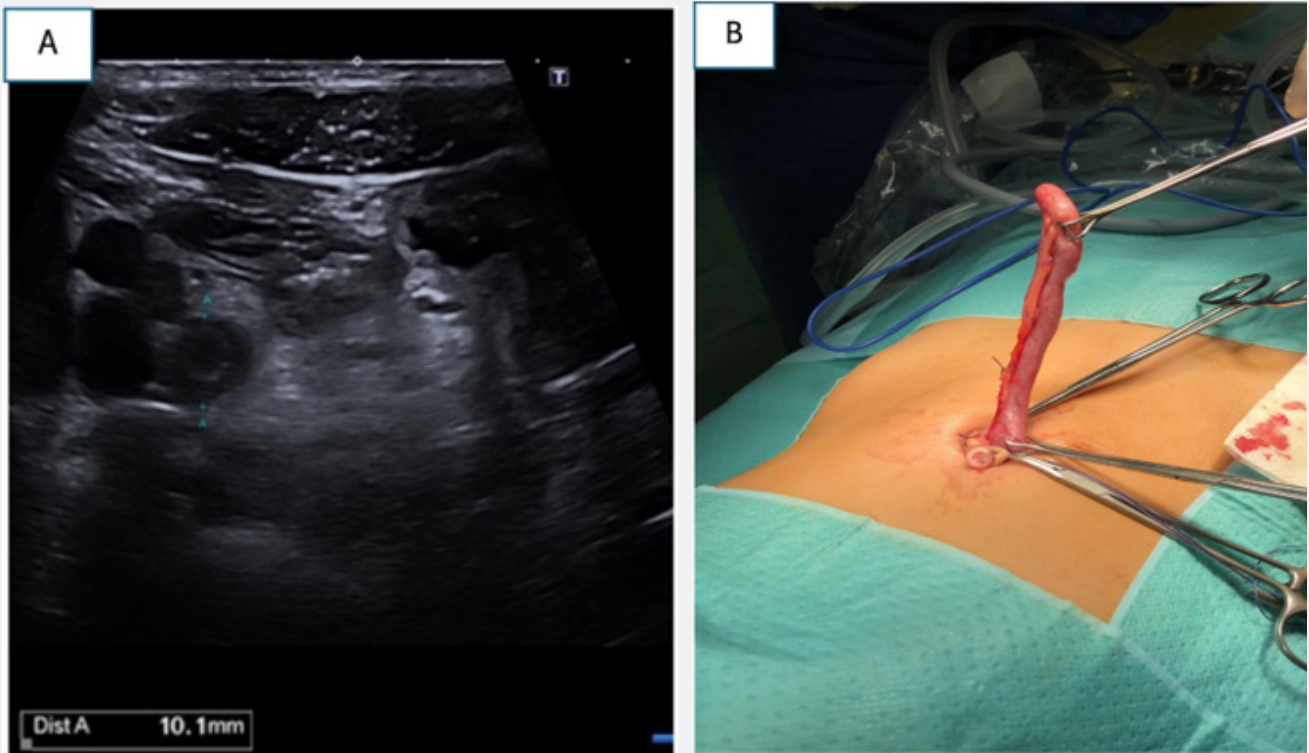


Figure 1: A. Abdominal Ultrasound demonstrating a dilated, non-compressible appendix ($\approx 10\text{mm}$) compatible with acute appendicitis. B. Intraoperative image during transumbilical laparoscopic appendectomy. The surgical procedure and postoperative course were uneventful, and the patient was discharged a few hours later.

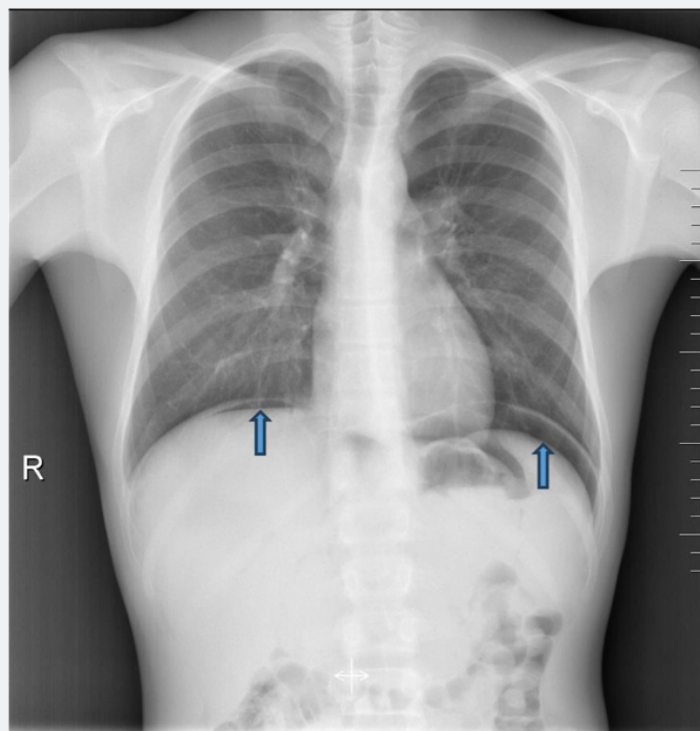


Figure 2: Chest radiograph showing subdiaphragmatic free air beneath both hemidiaphragms (arrows), consistent with residual postoperative pneumoperitoneum.



Figure 3: Abdominal radiograph showing normal bowel gas distribution.

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