

**PP83 ACUTE APPENDICITIS
MASQUERADING AS URINARY
RETENTION IN A 7-YEAR-OLD BOY**

continuous reassessment of symptoms and high index of suspicion is the only way in unmasking the right diagnosis

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Acute urinary retention (AUR) is rare in pediatrics. One of the uncommon cause is acute appendicitis where prevalence is lowest at extreme age. We reported a case of acute appendicitis masquerading as acute urinary retention in a healthy seven-year-old boy. He presented with fever associated with inability to pass urine, abdominal pain, and vomiting. He had been seen in a local clinic and was treated as urinary tract infection. Antibiotics was prescribed. On presentation he was hemodynamically stable but was anxious and in pain. Initial assessment revealed a distended bladder with urinary retention. Urinary catheterization was performed and 700cc of urine was released. Further reassessment revealed right iliac fossa (RIF) discomfort with an Alvarado score of 6. Ultrasound abdomen was inconclusive, hence he was referred to pediatric surgical team for diagnostic laparoscopy. Intraoperative findings revealed an inflamed appendix at right iliac fossa with appendices epiploicae adhered to lateral abdominal wall. Laparoscopic appendectomy was performed. Despite the rarity, acute urinary retention can be atypical manifestation of acute appendicitis in children. This case highlights the significance of differential diagnosis and age-specific work-up with such presentation in special population. Thorough and comprehensive evaluation,