

**P 418 THE DIFFERENTIAL DIAGNOSIS OF NECK STIFFNESS: TETANUS****Ali Karakuş<sup>1</sup>, Zeynep Kekeç<sup>2</sup>**<sup>1</sup>*Mustafa Kemal University Faculty of Medicine, Department of Emergency Medicine, Hatay, Turkey*<sup>2</sup>*Cukurova University Faculty of Medicine, Department of Emergency Medicine, Adana, Turkey*

Tetanus, meningitis, subarachnoid hemorrhage and degenerative arthritis may be considered the differential diagnosis of neck stiffness in the emergency department. This article presented was of tetanus cases with a history of sinking nails in the emergency department.

**Case:** 50-year-old male patient was brought to the emergency department with complaints of inability to move the jaw, which has 3 days. Patients' relatives have taken to the health center patients with these complaints. However undiagnosed. The general condition of the patient when it comes to good, clear consciousness was cooperative. There was no evidence except for a stiff neck on physical examination. It was learned that when the history of the deepening 10 days ago nail down. There were no abnormalities in the patient's laboratory values were made. Tetanus patients diagnosed with infectious diseases were admitted to the intensive care unit. Tetanus is rare in the emergency room. It should be considered in the differential diagnosis of neck stiffness. In terms of possible complications it must be treated early.

**Keywords:** Tetanus, neck stiffness, early intervention

**P 419 APPENDICITIS LOOKS LIKE CHOLECYSTITIS - A CASE REPORT****Hayrullah Yönek, Mine Kayacı Yıldız, Yasin Yıldız, Gökhan Aksel, Serkan Emre Eroğlu***University of Health Sciences, Ümraniye Training and Research Hospital, Emergency Medicine Clinic, Istanbul, Turkey*

**Introduction:** Acute appendicitis is a common cause of surgical operations. That is usually managed with early surgery and associated with low mortality. However, some patients apply with different symptoms. Atypical symptoms and examination findings may lead to a delay in diagnosis and complications. Sometimes atypical positions of appendix causes atypical symptoms. At this case we report a subhepatic appendicitis who presented with acute right upper abdominal pain.

**Case presentation:** A 25 years old male presented with abdominal pain, loss of appetite and cause that developed one day before hospital admission. On physical examination, temperature was 37.8, heart rate was 98 bpm, blood pressure was 110/74 mmHg. His abdomen was soft, not distended, showing tenderness in the right upper quadrant. Considering the symptoms and signs, a clinical diagnosis of acute cholecystitis was made. Blood tests showed leukocytosis and high level of CRP. He had normal liver, renal functions, electrolytes, amilase and lipase. An ultrasound was done which revealed a deep located acutely inflamed subhepatic appendix at the right middle-lower quadrant. Our patient underwent laparoscopic appendectomy. Operating findings included suppurative subhepatic appendicitis and adhesiolysis.

**Discussion:** Appendix can be variable located with in the abdominal cavity; retrocaecal (65.28%), pelvic (31%), subcaecal (2.26%), preilial (1%) and also post ileal (0.4%). Subhepatic position is a rarely reported variant that leads to delayed diagnosis and misdiagnosed such as acute cholecistitis, diverticulitis, acute gastroenteritis, ureter colic, acute pyelonephritis, colon cancer and irritable bowel syndrome. Although ultrasound is the first primary screening choise for patients with abdominal pain, pregnant and young children, it requires operators experience. It has a 76% sensivity and 88-95% specificity. On the other hand computiresed tomography is required for suspected diagnosis with 88-100 % sensivity and 92-98 % specificity.

**Conclusion:** It is important that emergency physicians are familiar with the atypical locations of appendix.

**Keywords:** Abdominal pain, subhepatic appendicitis, ultrasounds