

The vermiform appendix is a small, tubular, blind-ended hollow outpouching attached to the posteromedial wall of the cecum, typically 1.7 cm below the ileocecal valve. Recent studies have shown significant advantages of laparoscopic appendectomy with respect to the length of hospital stay, postoperative pain and infectious complications (Zhang et al., 2020). Ever since then, the efficiency and superiority of laparoscopic approach compared to the open technique has been the subject of much debate (Zhang et al., 2022). However, the origin of the appendiceal artery is anomalous, and it may arise from the posterior cecal (13%), anterior cecal (4.25%), medial branch of the ileocolic (8.25%), or ileal artery (4.25%) (Nguyen et al., 2022). Pain may or may not be accompanied by any of the following symptoms: Anorexia, Nausea, vomiting, Fever (40% of patients), Diarrhea, Generalized malaise, Urinary frequency or urgency (Sharma et al., 2020). Today, the inflamed appendix can be surgically removed using either an open approach or the laparoscopic appendectomy method first described by Semm in 1983. Typically, appendicitis presents as an initial generalized or periumbilical abdominal pain that localizes to the right lower quadrant. As the appendix becomes more inflamed and the adjacent parietal peritoneum is irritated, the pain becomes more localized to the right lower quadrant. (Mahajan et al., 2020).