Investigations:

Mostly one has to rely on clinical findings

TLC ↑ → indicator of inflammation

Urine R/E → To R/o UTI

AxR - KUB → * To R/o ureteric calculus (R)
* To see for any appendiculolith
* Free gas in cases of Perf (Rare)

USG :- Only 30% cases can be picked up that too by good sonologist.

Treatment

Appendecectomy Only

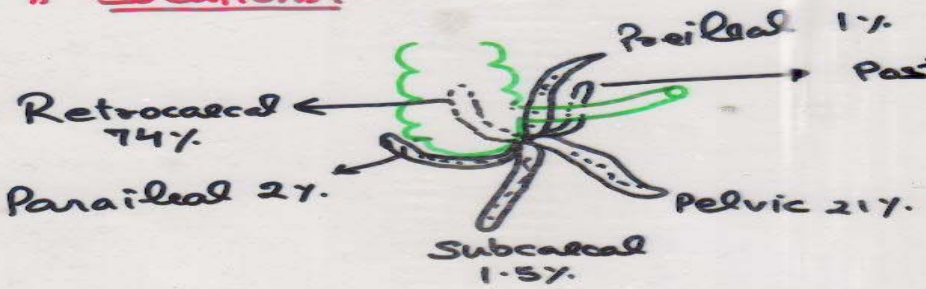
Incisions

1. Grid Iron - At Mc Burney's point. Muscle splitting
2. (R) Lower paramedian
3. Rutherford Morrison's - Oblique Muscle cutting incision

Technique :-

Appendix

* 7.5 – 10 cm Long on Caecum
* Has Mesoappendix having appendicular A.
* Surface Anatomy – Mcburney's Point (Lat 1/3 ← medial 2/3)
* Locations :-



Acute Appendicitis

Common cause of Acute Abdomen

Aetiology :- Not very clear.

Race & diet :-
* Highly civilized population of Europe
* Meat consumption
* Indian setup – no particular trend

Obstruction of Lumen
- Faecolith
- Foriegn body
- Worm
- Distal obstruction of colon

Bacterial Population

E. coli – 85%
Enterococci – 30%
No Hemolytic streptococci
Anaerobic streptococci

cl. welchii
Bacteroids

Pathology:- Infection of Peritoneal cavity

1. Transmision of Bacteria through inflammed appendicular wall
2. Perforation

Greater omentum in order to contain damage tries to cover the inflammed organ.

Two Types

a) **Non-Obstructive** :- Starts in mucus membrane → Gangrene
- → Fibrosis (Tip)
- → Resolution
- → Ulceration
- → Suppuration

b) **Obstructive** :-
Mostly results in gangrene

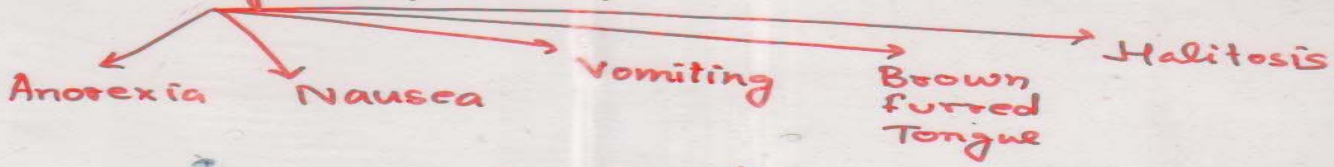
Clinical Presentation

Age Rare - before 2 yrs of age
Common - Early childhood & adolescence
Maximum - 20 - 30yrs of age

No age is Exempt

Non Obstructive Type	Special Features
a) Abd. Pain & Shifts :	Pain around umblicus/Epi/Gen (Visceral Pain due to distension) localizing to RIF (Local irritation of Peritoneum) Somatic / Localized / constant

2. GI Upset :- * Reflex Pylorospasm



* Diarrhoea (Post ileal / Pelvic)

3. Tenderness at Mc Burney's Point

General Features

→ Low Grade fever (37.2 – 37.7°C) } Early
→ Tachycardia 80-90/min
→ High grade fever & corresponding ↑ in pulse rate

TLC > 10,000/mm³ in about 90% cases

In Obstructive appendicitis all above features may be present except that they appear quickly

Special Features

Retrocaecal :- * Silent Appendix
* GRT often absent
* Psoas Spasm

Pelvic :- * Absent GRT
* Tenderness on PR
* Diarrhoea

* **Post Ileal** :- * Pain may not shift
  * Diarrhoea
  * Marked retching
  * Tenderness

* **Maldescended** :- Subhepatic – confusion ∈ Ac. cholecystitis

Age & Appendicitis

Infants :- More chances of perforation
High mortality

Children :- Vomiting - marked feature
Aversion to food

Aged :- * Symptoms / signs - Less marked due to lax abd wall
* Gangrene / perforation frequent

Diagnosis in Pregnancy — Difficult

Premature Labour / Abortion
- Non Perforated — 30%
- Perforated — 50%

Differential Diagnosis

Site Specific

→ Entero Colitis
→ Non Specific Mesenteric Lymphadenitis
→ Int. Obstruction
→ Regional Ileitis
→ Ca Caecum

Appendicular Mass

(Periappendicular Phlegmon)

Usually appears on 3rd day of attack

Mass ← Greater Omentum
Caecal wall
Small bowel
Appendix

4-5th Day — Circumscribed (Should be marked)

5th-10th Day Course → Abscess
or
↑ in size or ↓ in size

D/D

Ca Caecum
Crohn's Disease
Ovarian Ca
Ileocaecal TB

Management

Conservative (Ochsner - Sherren)

→ Localized
→ Surgery is difficult / dangerous

Strict Monitoring

Charting of → Pulse evay hour
Temp. evay 4 hrs
Vomitus — NG Tube

Diet :- water 30ml hrly
Desire for food → indication of improvement.

→ Meckel's Diverticulitis
→ Salphingitis
→ Ectopic Pregnancy
→ Ruptured ovarian Follicle
→ Twisted ovarian Cyst
→ ® ureteric colic
→ ® Ac Pyelonephritis

General

Tonsillitis
Pleurisy
Perforated ulcer
Ac. Cholecystitis

IV fluids & Electrolyte Check & correction

Drugs → No sedatives

Antibiotics → Pen + Metro + Aminoglycoside

Bowel Care Glycerine suppository on 4-5th Day

No Purgatives.

When to Stop Treatment

1. Rising Pulse
2. Rptd. Vomitings
3. Spreading Abd. pain
4. ↑ in size of Lump or Abscess

Contraindications

→ Exact diagnosis of Ac. Appendicitis – doubtful

→ Only Appendix is inflamed (No Mass)

→ < 10 yrs age or > 60 yrs.

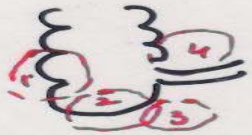
Outcome 90% Resolution

↓

Interval Appendecectomy

Appendicular Abscess → mass → Abscess

Fever
Tachycardia
↑TLC (Polymorph)



Site according to Appendix

℞ – Drainage

↓

Interval appendectomy

Complications :- Ileus
Wound Sepsis
Residual abscess

Late :- Int. Obst
Incisional Hernia
Frozen pelvis