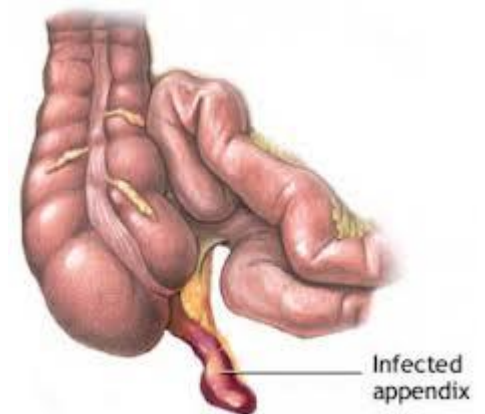


Acute Appendicitis

Prof. Naveed Jabbar Bandesha
Chairman Department of Surgery & Allied
SMC/UOS
Sargodha

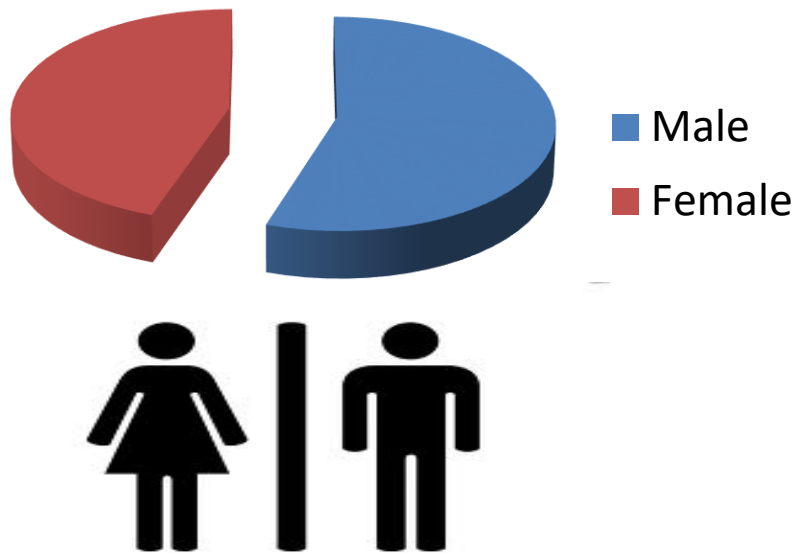
Introduction

- Most common intra-abdominal surgical emergency
- 7 – 12% of USA & Europe population
- Frequently described a disease of childhood
- BUT Peak incidence towards 30 yrs



Introduction

Incidence ratio



- Appendicectomy more common because others mimicking conditions



Pathology



Mass, abscess or Peritonitis

Suppuration Perforation or
Gangrene of appendix

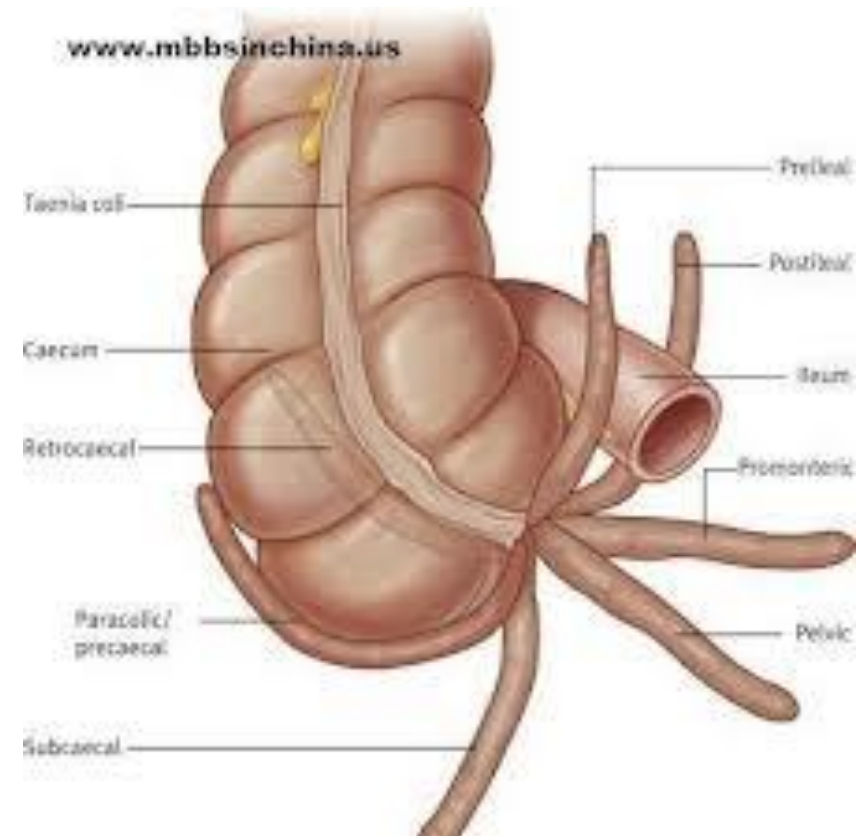
Bacterial infection

Blockage of lumen by
fecalith, parasite, tumors, or
unknown

- Familial tendency
- Seasonal variation
- High fiber diet
- Social status

Clinical Features

- RIF pain
- Nausea & vomiting
- Diarrhoea less common
- Low grade pyrexia
- Rebound tenderness
- Guarding
- Features vary with position



Differential Diagnosis

- Gastroenteritis
- Mesenteric lymph adenitis
- Gynecological diseases
- Rt. sided urinary tract disease
- Diseases of small bowel
- Meckel's diverticulum
- Caecal carcinoma

Investigations

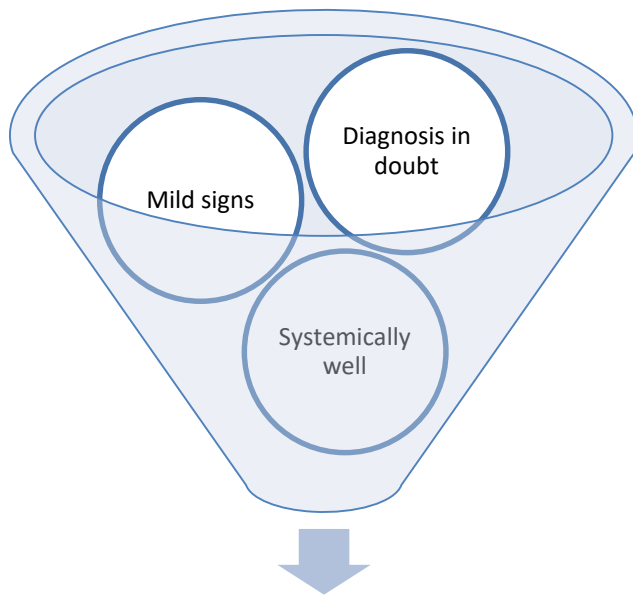
- **CLINICAL DIAGNOSIS**
- WCC
- CRP
- Urine examination
- Pregnancy test
- PFA no role at all in diagnosis
- CT ? but probably left for those where laparoscopy difficult

Management

- Admit patient
- Resuscitation
- Informed consent
- Analgesia
- Surgery

Management

- Urgent surgery & delay causes complications



No surgery middle of night

- Narcotic analgesia does not adversely effect ability to diagnose & infect helpful

(BMJ 1992; 30:554-6), (J Am Coll Surg 2003;196:18-31)

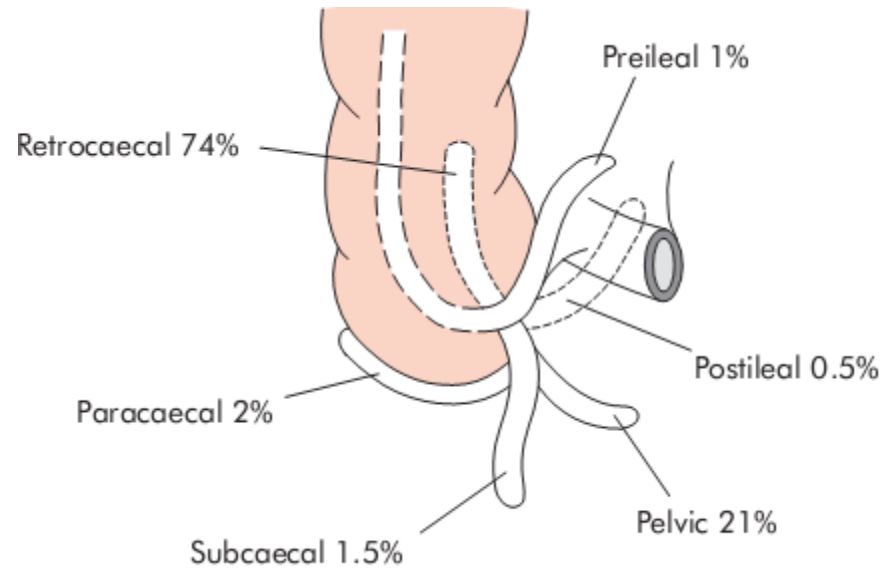
- Antibiotics only when decision made

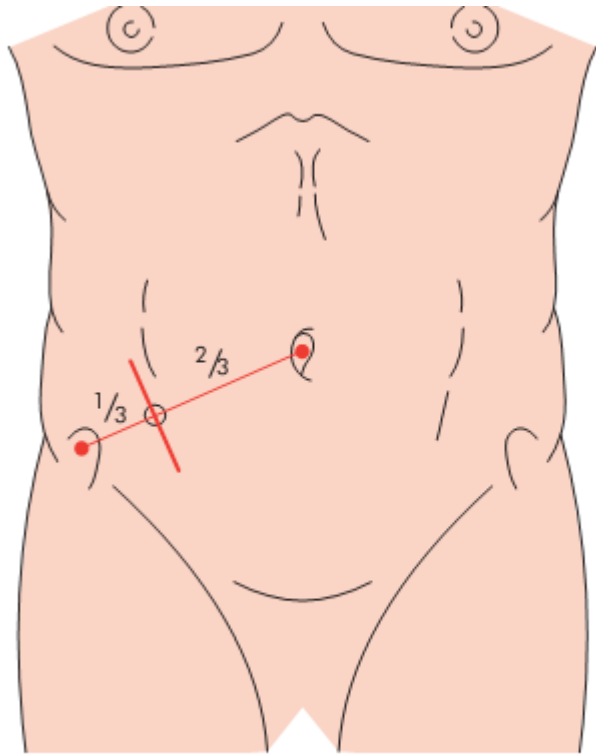
Surgical Treatment

Conventional Appendicectomy

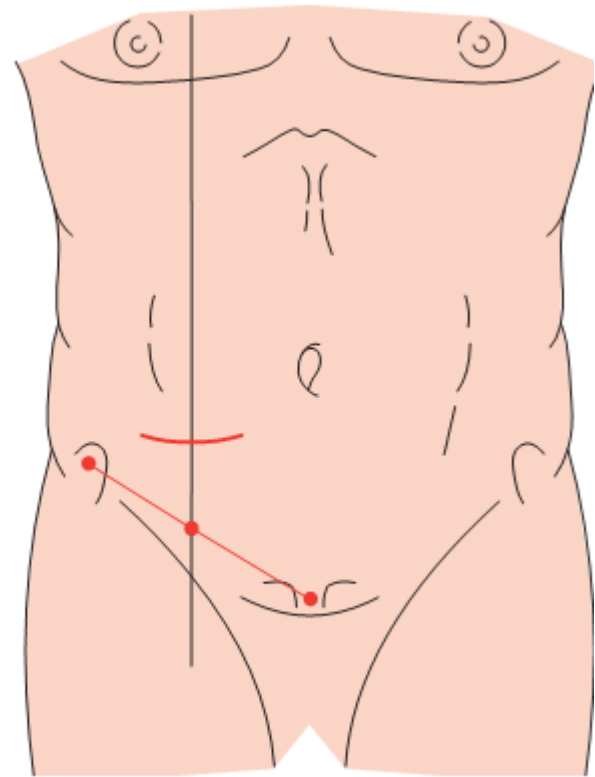
- Incision over maximum tenderness
- No need to bury stump
- Peritoneal lavage

- No drains
- Prophylactic antibiotics
 - Singe dose?
 - Three doses?
 - or 5/7 ?





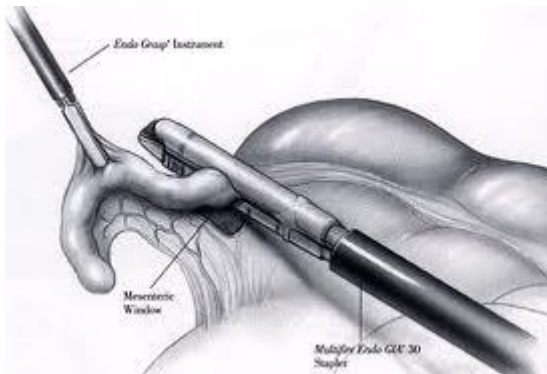
2 Gridiron incision for appendicitis, at right angles to a



Surgical Treatment

Lap. Appendectomy

- Low pain
- 4000 Patients (Cochrane R/V)
- Faster recovery
- Higher intra-abdominal abscess
- Low incidence of wound infection
- longer operating time (16 minutes)



The Normal appendix

- Recognized complications rate of normal appendicectomy= 17%-21%
- Lap Appendicectomy unknown
- Open appendicectomy in normal appendix?
- Wound infection ?
- Bowel obstruction = 1.3%after 30 yrs. compared with0.21% for non-operated controls

The Normal appendix

- Diagnostic laparoscopy= no appendicectomy if cause found
- No cause ?
- Two schools of thought
- Take it out or leave

Appendix Mass

- Natural history
- Tender palpable mass
- Conservative
- Crohn's disease Carcinoma of caecum
- US or CT
- Following resolution exclude other conditions by CT , Ba enema or colonoscopy
- No need for interval appendicectomy
-

Appendix Abscess

- Appendix walled off but perforated & abscess
- CT scan
- Drainage best treatment
- Open or radiology

Post Operative Complications

- Lap. Appendicectomy early return to work
- Shorter hospital stay?
- Local factors & culture
- 15% wound infection in opened procedure