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STUDY TO KNOW THE ACUTE APPENDICITIS PATIENTS MODE OF PRESENTATION, OPERATION TIME AND RESULTS

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Abstract:

Objective: *The aim of this study was to evaluate the operation time, presentation and results of patients with acute appendicitis.*

Study Design: *This is a descriptive study.*

Configuration and Duration: *In the Surgical Unit II of Nishtar Hospital Multan for one Year period from June 2017 to June 2018.*

Methodology: *630 patients with symptoms of appendicitis were included in this study.*

Results: *A total of 630 appendicitis patients were operated during the study, both acute and recurrent appendicitis. The mean age of the patients was 30.5 and the male and female ratio was 2:1. Acute appendicitis was detected in 526 (83.5%) patients and recurrent appendicitis was detected in 104 (16.5%) patients. Appendectomy was performed within 6-8 hours. Mortality was not observed in this study. Postoperative complications were observed in 54 (8.5%) patients with sepsis and 12 patients (1.9%) with pelvic abscess. Median follow-up was 1 month.*

Conclusion: *Early appendectomy should be the preferred treatment modality in patients with acute appendicitis, but the surgeon should be involved in the decision-making process.*

Key words: *acute appendicitis, appendectomy, recurrent appendicitis.*

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INTRODUCTION:

Acute appendicitis is the most common abdominal emergency in the world, including Pakistan. General life risk is reported to be around 6-20%. Acute appendicitis is rare before the age of two and increases in the incidence of a peak for a subject in their twenties or thirties (but no age group remains). Early Acute appendicitis is the preferred treatment for lead delays in surgical treatment for diagnosis and increased complication rate (drilling or gangrene) with significant morbidity and even mortality. The precise diagnosis of acute appendicitis is difficult. In our configuration, it was observed that the diagnosis of acute appendicitis should be included almost as long as the diagnosis of clinical and senior surgeons; otherwise, the diagnosis may be made incorrectly or ignored initially. The first error causes an unnecessary operation and a delay in the second operation. Ideally, a precise preoperative diagnosis is necessary to avoid unnecessary morbidity or negative appendectomy.

MATERIALS AND METHODS:

This descriptive study was held in the Surgical Unit II of Nishtar Hospital, Multan for one Year period from June 2017 to June 2018. Medical records of 630 patients applied for emergency and outpatient surgery department of accidents (signed successful works III and IV) were examined in the same hospital between January 2008 and December 2010. Of the 630 patients, 104 (16.5%) were accepted as acute appendicitis, the range was accepted for appendicitis and 526 (83.5%). The diagnosis of acute appendicitis was carried out by a senior supervisor, ie a senior registrar, a assistant professor and associate professors, and verified by a student. In each case, routine tests such as complete blood count, urinalysis, random blood glucose, X-ray thorax, HBsAg and anti-HCV were performed. Ultrasound was performed in 20-30% of cases. Operation findings were recorded and the diagnosis was confirmed during surgery. 80% of the cases were followed up for 1 month and 20% did not report follow-up.

RESULTS:

Of the 630 patients, one of the top-level surgeons was in the elective list of students by the range appendectomy and the rest for 104 patients (16.5%), emergency surgery were performed in 526 patients (84.5%), operated by senior advisors for graduate, senior registrars and several cases. The age ranged from 13 to 72 and the mean age was 30.5 years (Table 1).

Table 1: *Age distribution in 630 patients*

Age Range	No. of Patients (%)
13-25	194 (30.8)
26-45	334 (53.0)
46-72	102 (16.2)

The male to female ratio was 2: 1. The mean hospital stay was 2 to 10 days and there was no mortality. The registered complications were abscess in 22 patients (3.5%), wound infection in 54 patients (8.5%) and pelvic abscess in 12 patients (1.9%). Pelvic abscesses were rectally drained under ultrasonic guidance in 8 patients and re-exploration and abscess drainage were required in 2 patients. All patients with symptoms and symptoms of acute appendicitis were operated within 8 hours (Table 2).

Table 2: *Clinical and operative diagnosis in 630 patients*

Diagnosis	No. of patients (%)
Acute appendicitis	509 (80.8)
Recurrent appendicitis	104 (16.5)
Complicated i.e. perforated gangrenous appendicitis	17 (2.7)

DISCUSSION:

Despite all the modern laboratory and imaging techniques, acute appendicitis is a clinical diagnosis even today. McBurney has been more than 100 years since reporting his work on acute appendicitis in 8 patients with an emphasis on early appendectomy. Once clinically diagnosed, urgent appendectomy should be performed to minimize complications that may occur without a surgical delay. In the United Kingdom, a report on ın operational national secret research deaths ta highlighted the dangers of inadequate surgical management and the decisions of young staff throughout the night. Increase the complications that arise in the late night uneventful some reports of elective appendicitis surgeries, as it has been found to be safe without leading to a change in the policy of some hospitals related to the surgery and found to be safe at night. On the other hand, in a 6 to 8-hour application, we adopt a policy of operating under the supervision of a superior surgeon. In our patients, morbidity can be compared with other studies.

CONCLUSION:

Early appendectomy is still the preferred treatment, but the senior surgeon should be involved in decision-making and operation. Patients arriving late at night can be placeds on an elective list, without significant morbidity. Only patients with localized signs of peritonitis and symptoms should be operated immediately.

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