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Research Article

**A DESCRIPTIVE STUDY TO KNOW THE ACUTE
APPENDICITIS, PATIENTS APPROACH OF PRESENTATION,
OPERATION TIME AND RESULTS****¹Dr. Aiman Shirin, ²Dr. Amir Abbas, ³Dr. Sana Riaz**
^{1,2,3}House Surgeon at Mayo Hospital, Lahore**Abstract:**

Purpose: The main purpose of this study was to appraise the operation time, presentation and results of patients with acute appendicitis.

Study Design: This is a description-based study.

Configuration and Duration: In the West Surgical ward of Mayo Hospital, Lahore for one Year period from September 2017 to September 2018.

Methodology: A total of 630 patients having symptoms of appendicitis were selected for our study. The age of the patients was 13 to 72 years who were involved in our study.

Results: A total of 630 patients having appendicitis were operated during the study, for both acute and persistent appendicitis. The average age of the patients was 30.5 years and the ratio of males and females was 2:1. In 526 patients, acute appendicitis was found and it is (83.5%) of the total selected patients. 104 patients were detected with recurrent appendicitis and it is 16.5% of the patients. Appendectomy was performed within 6-8 hours time. Mortality rate was zero during this study. Post operation complications were detected in total of 54 patients i.e (8.5%) with sepsis and 12 patients i.e (1.9%) with pelvic abscess. Mean follow-up of the patients was 1 month.

Conclusion: Senior Surgeons must be involved in the decision-making process, Early appendectomy should be the preferred treatment modality in patients with acute appendicitis.

Key words: Appendectomy, Acute Appendicitis, Recurrent Appendicitis And Abdominal Emergency.

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INTRODUCTION:

One of the most common abdominal emergencies in the world is acute appendicitis. Similarly in Pakistan acute appendicitis is the most common emergency. General life risk in this emergency is reported to be around 6-20%. Acute appendicitis is exceptional in the age < 2 years where as increases in the prevalence of a peak for subjects in twenties or thirties of their life (but no age group is left). Acute appendicitis in its early stage is the most preferred treatment for direct delays in surgical treatment for diagnosis will increase the rate of complication (drilling or gangrene) with significant morbidity and even mortality. It is well known that the exact diagnosis of acute appendicitis is difficult. In our study pattern, it was pragmatic that the diagnosis of acute appendicitis should be included almost as long as the diagnosis of clinical and senior surgeons; otherwise, it is quite evident that diagnosis may be ignored initially or incorrectly made. The first may cause a delay in operation and second may lead to an unnecessary operation. If at all possible, an accurate preoperative diagnosis is obligatory to avoid negative appendectomy and consequently preventable morbidity.

MATERIALS AND METHODS:

This descriptive study was conducted in the West Surgical Unit Mayo Hospital, Lahore for one Year period from September 2017 to September 2018. For the purpose of our study, medical records of total 630

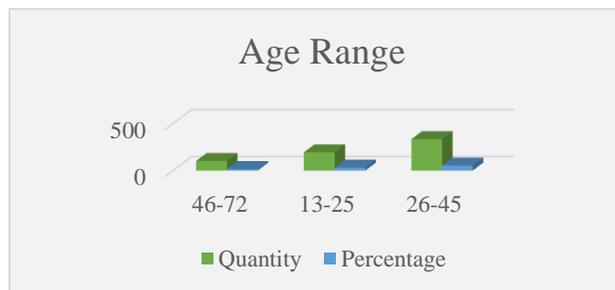
patients applied for emergency and outpatient surgery department of accidents (signed successful works III and IV) were examined in the same hospital between January 2008 and December 2010. Out of total 630 patients, 104 (16.5%) were accepted as acute appendicitis, The diagnosis of acute appendicitis was carried out by a senior registrar, i.e an assistant professor and associate professors, and verified by a student. Routine tests were performed in each case, such as complete urinalysis, blood count, random blood glucose, X-ray, HBsAg, anti-HCV and thorax. In the cases of 20-30 % of the patients, ultrasound was performed. The findings of the operations were recorded and the diagnosis was confirmed during surgery. 20% of the operated subjects did not report for follow-up where as 80% of the cases were followed up for 30 days.

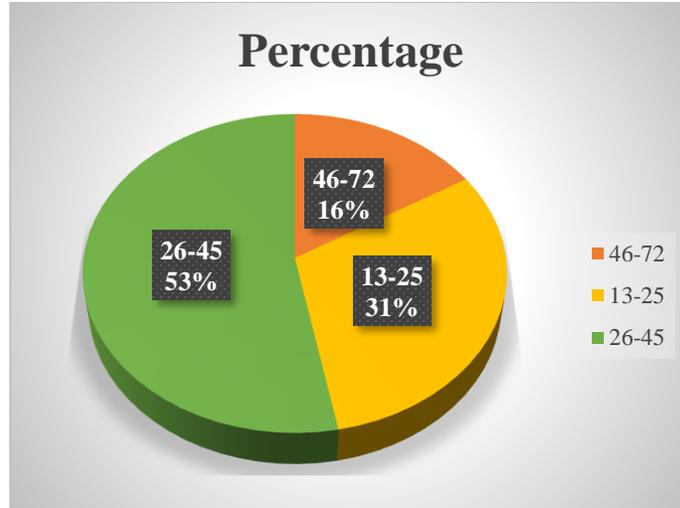
RESULTS:

Total of 630 patients with age ranged from 13 to 72 and the mean age was 30.5 years, 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 surgeries were performed in 526 number of patients i.e (84.5%), operated by senior advisors for graduate, senior registrars and several cases. The age range of the patients is depicted in (Table 1).

Table No 01: Age distribution in 360 patients

Age Range	Quantity	Percentage
46-72	102	16.2
13-25	194	30.8
26-45	334	53.0

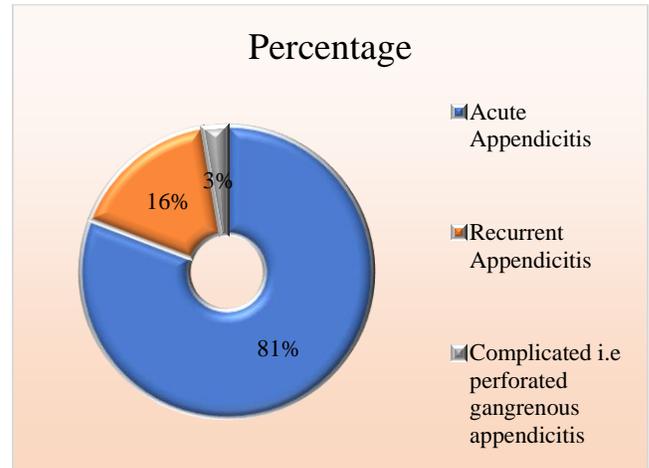
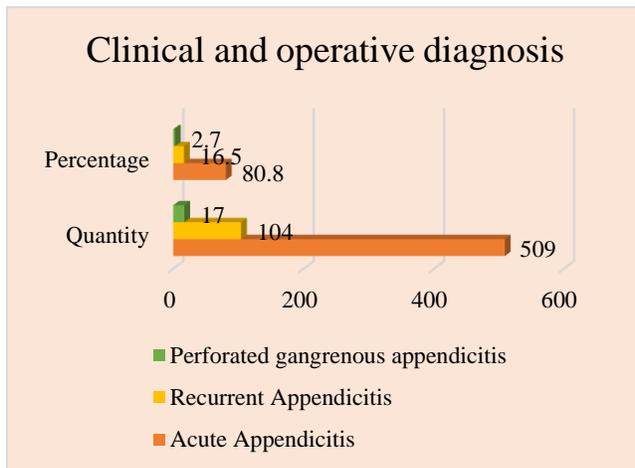




In this study the male to female ratio was 2: 1 where as the average hospital stay was 2 to 12days and mortality rate was zero. The recorded complications were abscess in 22 patients (3.5%), wound infection was found in 54 patients (8.5%) where as pelvic abscess was reported in 12 patients (1.9%). Pelvic abscesses were rectally drained by ultrasonic guidance in 8 patients while re-exploration and abscess drainage were required in 2 of the patients. All patients of acute appendicitis were operated within 8 hours (Table 2).

Table No 02: Clinical and operative diagnosis in 630 patients

Diagnosis	Quantity	Percentage
Acute Appendicitis	509	80.8
Recurrent Appendicitis	104	16.5
Complicated i.e perforated gangrenous appendicitis	017	2.70



DISCUSSION:

Despite of all the modern and sophisticated laboratories and imaging techniques, acute appendicitis is still a clinical diagnosis. It has been more than 100 years since McBurney is reporting his work related to acute appendicitis in 8 patients and preferences on early appendectomy. Once patient is

clinically diagnosed, his urgent appendectomy should be performed to curtail complications that may occur with a delay surgical treatment. In the United Kingdom, a report on in operational national secret research deaths toll highlighted the dangers of insufficient surgical executions and the decisions of young staff throughout the night, increase the

complications that arise in the late night monotonous some reports of non-compulsory appendicitis surgeries, as some hospitals related to surgery found it to be safe at night without leading to a change in the policy. On the other hand, we adopt a policy of operating under the supervision of a senior surgeon in a 6 to 8-hour application. Morbidity in our patients can be compared with other studies.

CONCLUSION:

Early appendectomy is still a preferred treatment, but the senior surgeon should be involved in decision-making process for early and correct decision and operation. Patients arriving late at night can be placed on a discretionary list, without major morbidity. Only those patients who have localized signs of symptoms and peritonitis must be operated at earliest.

REFERENCES:

1. Yazawa, Kentaro, Yuki Azuma, Tomohiro Kurokawa, Yuichiro Yoshioka, Giichiro Tsurita, and Masaru Shinozaki. "Abdominal CT-aided diagnosis of acute appendicitis in the presence of mobile cecum: A case report." *International journal of surgery case reports* 42 (2018): 258-260.
2. Schleimann, Mariane H., Steffen Leth, Astrid R. Krarup, Jesper Mortensen, Bente Barstad, Matthias Zaccarin, Paul W. Denton, and Rajesh Mohey. "Acute Appendicitis as the Initial Clinical Presentation of Primary HIV-1 Infection." In *Open forum infectious diseases*, vol. 5, no. 2, p. ofy006. US: Oxford University Press, 2018.
3. Elkbuli, Adel, Brandon Diaz, Valerie Polcz, Shaikh Hai, Mark McKenney, and Dessy Boneva. "Operative versus non-operative therapy for acute phlegmon of the appendix: Is it safer? A case report and review of the literature." *International journal of surgery case reports* 50 (2018): 75-79.
4. Thom, Tatiana, Deanne Leonard, Peter Fitzpatrick, and Nabeel Aslam. "Transection versus infection: acute appendicitis in a peritoneal dialysis patient presenting as catheter dysfunction and discontinuity on X-ray." *BMJ case reports* 2018 (2018).
5. Hutchings, N., Wood, W., Reading, I., Walker, E., Blazeby, J.M., van't Hoff, W., Young, B., Crawley, E.M., Eaton, S., Chorozoglou, M. and Sherratt, F.C., 2018. CONTRACT Study-CONservative TReatment of Appendicitis in Children (feasibility): study protocol for a randomised controlled Trial. *Trials*, 19(1), p.153.
6. Mahmoud, Alhafiz Omer Alhaj. "Presentation and Outcome of Complicated Appendicitis Seen

in Wad Medani Teaching Hospital-Gezira State, Sudan (2015-2016)." PhD diss., University of Gezira, 2018.

7. Naganathan, Gayathri, and Nalin Kumar Amin. "Raoultella Planticola associated necrotizing appendicitis: A novel case report." *International journal of surgery case reports* 44 (2018): 38-41.
8. Azharuddin, Muhammad, Maria Amanda Delacruz, Derek Baughman, and Patton Chandler. "Atypical presentation of type B aortic dissection mimicking appendicitis managed medically." *BMJ case reports* 2018 (2018).
9. Azharuddin, Muhammad, Maria Amanda Delacruz, Derek Baughman, and Patton Chandler. "Atypical presentation of type B aortic dissection mimicking appendicitis managed medically." *BMJ case reports* 2018 (2018).
10. Rao, K. Visweswara, M. Sairam Prasad, and G. Naveen Bharath. "A CLINICAL STUDY OF ACUTE APPENDICITIS WITH PREFERENCE TO PRESENTATION, TREATMENT AND FOLLOW-UP." *INDIAN JOURNAL OF APPLIED RESEARCH* 7, no. 12 (2018).
11. Kromka, William, Aline S. Rau, and Charles J. Fox. "Amyand's hernia with acute gangrenous appendicitis and cecal perforation: A case report and review of the literature." *International journal of surgery case reports* 44 (2018): 8-10.
12. Prieto, James M., Kimberly A. Thompson, Lyndsey Wessels, Hope N. Moore, Matthew P. Hannon, and Romeo C. Ignacio. "Evaluating a Health Care Disparity Among Marine Recruits Treated for Acute Appendicitis." *Military medicine* (2018).
13. Dayawansa, Nalin H., Julian DS Segan, Henry HI Yao, Hon I. Chong, and Paul J. Sitzler. "Incidence of normal white cell count and C-reactive protein in adults with acute appendicitis." *ANZ journal of surgery* 88, no. 6 (2018): E539-E543.
14. Iwamura, Sena, Hiroki Hashida, Tomoaki Yoh, Shoichi Kitano, Motoko Mizumoto, Koji Kitamura, Masato Kondo, Hiroyuki Kobayashi, Satoshi Kaihara, and Ryo Hosotani. "Laparoscopic appendectomy during the third trimester: Case presentation and literature review." *Asian journal of endoscopic surgery* (2018).
15. Eddama MM, Fragkos KC, Renshaw S, Aldridge M, Bough G, Bonthala L, Wang A, Cohen R. Logistic regression model to predict acute uncomplicated and complicated appendicitis. *The Annals of The Royal College of Surgeons of England*. 2018 Sep 18(0):1-2.