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A case report of appendicitis treated with appendectomy in 28 years old female patient

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Abstract

Appendicitis is the most common abdominal emergency and accounts for more than 40 000 hospital admissions every year. We reported case of appendicitis treated with appendectomy.

Keywords: Appendicitis, Appendectomy, Abdominal emergency

Introduction

Appendicitis is the most common abdominal emergency and accounts for more than 40 000 hospital admissions every year [1]. Appendicitis is most common between the ages of 10 and 20 years, but no age is exempt. A male preponderance exists, with a male to female ratio of 1.4:1; the overall lifetime risk is 8.6% for males and 6.7% for females. Since the 1940s the incidence of hospital admission for acute appendicitis has been falling, but the reason for this decline is not clear [2].

Traditionally, appendectomy has been the treatment of choice for acute appendicitis. Mortality rate after appendectomy is very low and may range from 0.07 to 0.7% rising to 0.5 to 2.4% in patients without and with perforation. Furthermore, overall postoperative complication rates ranged between 10 and 19% for uncomplicated AA and reaching 30% in cases of complicated AA [3].

The pathological process in appendicitis generally starts with obstruction of the appendiceal lumen and may progress to peritonitis and development of intraabdominal abscess via appendiceal inflammation and perforation. An abdominal trauma may be responsible for damage of digestive tract or solid organs. Occasionally, appendicitis and trauma exist together, which causes an interesting debate whether trauma has led to appendicitis. Actually, the role of abdominal trauma is still uncertain in the etiology of appendicitis [4].

Conventional treatment of appendicitis is surgical excision of the inflamed Appendix as soon as the diagnosis is suspected to prevent perforation. Treatment may vary when the patient presents with complications, and the option is no operative treatment with antibiotics and drainage or an operation [4]. We reported case of appendicitis treated with appendectomy.

Case Report

A 28 years old female admitted to emergency ward with the abdominal pain since 2 days. Her physical examination revealed right lower quadrant pain and rebound at right lower quadrant.

Patient was conscious, hemodynamically stable, temperature was 37°C, pulse rate was 80 beats/min, respiratory rate was 20 breaths/min and blood pressure was 130/80 mmHg. Laboratory investigations showed that the hemoglobin level was 12.2 g/dl, and the white blood cell count was 10400/mm³. Patient was subjected to abdominal ultrasonography which showed that an inflamed tubular, non-compressible, non-peristalting, blind ended, 1.5 cm in length structure at right lower quadrant. At laparotomy, a right paracolic retroperitoneal hematoma was detected. The patient had pelvic appendix in position. The appendix was hyperemic and edematous. Appendectomy was done in patient and the appendix was sent to pathology department. Histopathology confirmed diagnosis of acute appendicitis. Our patient made an excellent recovery, and he was discharged from the hospital in stable condition 2 days later. Prognosis of the case was good.

Discussion

Appendicitis is a prevalent cause of abdominal pain, and the lifetime risk of appendicitis is 7%; worldwide, it more frequently requires a non-trauma emergency procedure. It is a typical disease of young men, with a high incidence in those aged 10–19 years and a low

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frequency (5–10%) in elderly individuals aged more than 50–60 years.

Diagnosing acute appendicitis can be challenging, as the typical clinical history and signs are not always present in 30–40% of cases. Additionally, making a diagnosis can be more challenging in some groups of patients, including elderly individuals, which contributes to a delayed diagnosis and complicated onset [6].

Several diagnostic scoring systems for acute appendicitis have been described. The most commonly used are the Alvarado score and AIR—Appendicitis Inflammatory Response (Andersson) score. Both of these scoring systems can increase the diagnostic accuracy, thus guiding the decision-making and decreasing the need of potentially harmful and expensive imaging. In view of the potentially higher morbidity associated with open appendectomy, several authors have proposed less invasive management. Although many controversies exist regarding non-operative management of AA, antibiotics play an important role in the treatment of patients with AA as demonstrated by several prospective trials and meta-analyses [7]. We reported case of appendicitis treated with appendectomy.

Wilms *et al.* [8] a total of 4282 patients were enrolled in the POSAW study, 1928 (45%) women and 2354 (55%) men, with a median age of 29 years. Nine hundred and seven (21.2%) patients underwent an abdominal CT scan, 1856 (43.3%) patients an US, and 285 (6.7%) patients both CT scan and US. A total of 4097 (95.7%) patients underwent surgery; 1809 (42.2%) underwent open appendectomy and 2215 (51.7%) had laparoscopic appendectomy. One hundred eighty-five (4.3%) patients were managed conservatively. Major complications occurred in 199 patients (4.6%). The overall mortality rate was 0.28%.

Some factors have been suggested for the development of this condition. Inadequate visualization of the appendiceal-cecal junction can lead to longer stump length, a proposed risk factor for developing this condition. Appropriate operative technique at appendectomy is required to minimize this risk. Clinically, patients present with signs and symptoms similar to appendicitis or acute abdomen. The presence of an appendectomy scar does not absolutely rule out the possibility of stump appendicitis. Symptoms may be minimal at initial presentation, but ultrasonography and CT are diagnostic modalities that can assist the physician in making the preoperative diagnosis. Physician should keep in mind a possible incomplete appendiceal resection to prevent delayed diagnosis and treatment. Treatment is based on complete removal of the appendix [9].

Both laparoscopic and open approach are safe and effective techniques for the treatment of suspected AA. Both techniques are associated with good clinical outcomes and few complications. The benefits of laparoscopic approach include reduced incidence of surgical site infections, shorter postoperative stay, less pain, reduced incidence of incisional hernias, and faster postoperative recovery and return to everyday activities, along with better cosmesis. However, the traditional open approach is still widely used, probably due to reduced cost, shorter operative and anesthetic times, the increased risk of intra-abdominal abscess associated with laparoscopic appendectomies and a reduced requirement of higher surgical skill levels [10].

Conclusion

Authors found that acute appendicitis is a common entity and should be taken into considerations in the differential diagnosis of right lower quadrant abdominal pain. Appendectomy is the best treatment for appendicitis.

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