

ABSTRACT

AIM:

- To study the various clinical presentation of acute appendicitis
- To study the age and sex distribution
- Role of ultrasonogram in diagnosis
- Per operative appearance of appendix and peritoneal cavity.
- Post operative complications and follow up
- HPE report of appendix after appendicectomy

STUDY DESIGN:

Prospective study

MATERIALS AND METHODS:

This study conducted in the department of General surgery, Government Stanley Medical College & Hospital from November-2016 to August 2017.

This study includes the patients with features suggestive of acute appendicitis presented to us within 24-48 hrs. Features are RIF Pain, Rebound tenderness and leukocytosis + any one of the following features such as anorexia, nausea/vomiting, diarrhea, fever and tachycardia. A detailed history and clinical examinations of the patient is carried out at the time of admission with special references to demographic characteristics, symptoms, signs and disease chronology etc. After admission patient's Pulse, temperature and respiratory rate chart, routine blood investigations and USG are done and the findings are

recorded. On the basis of history, clinical examinations and investigations, a diagnosis of acute appendicitis will be made and Emergency Appendectomy is performed if indicated. Per-operatively appearance of appendix and peritoneal cavity are recorded. After Appendectomy, all specimens are sent for Histo-pathological examination and findings are recorded. Post operatively patients are followed up for any complications for one month.

RESULTS:

A total of 601 patients were treated for appendicitis during this period with a male incidence 55.4%. The most common age group was the second decade, while most common symptom was abdominal pain and most common sign was right iliac fossa tenderness. Ultrasonography showed evidence of acute appendicitis in 84.9% and leucocytosis in 80.9%. The most common Histo-pathological report was acute appendicitis (51.4%).

CONCLUSION:

Diagnosis of acute appendicitis in our setting is still based on high index of suspicion following clinical evaluation. Combining this with laboratory findings and ultrasound scan has yielded an acceptable negative appendectomy rate. We advocate routine use of ultrasound along with clinical evaluation and laboratory tests for the timely diagnosis of acute appendicitis and an early surgical intervention to prevent complications.

KEYWORDS: Appendicitis, vermiform appendix, appendectomy, clinic-pathological evaluation.