



A Study On Emergency Appendectomy In Intra- Operative Appendicular Mass

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Abstract

Introduction- Acute appendicitis is acute inflammation of appendix. Acute appendicitis is one of the most common surgical emergencies in acute abdomen. Most of the cases are taken into emergency surgery based on a combination of history, physical examination and laboratory studies approximately 80% of the time .In emergency we go for open / lap appendectomy. In case of open appendectomy we may encounter phlegmon or an appendicular mass intra-operatively.

Methods -Appendicular mass is one of the early complications of acute appendicitis. It comprises of omentum, caecal wall and loop of ileum enclosing the appendix. My study deals with emergency appendectomy done for appendicular mass during such circumstances. Patients are subjected to surgery and observed. In this study 54 cases of acute appendicitis which were taken up for emergency appendectomy and were per-operatively found as appendicular mass was studied Post-operative complications as fever, pelvic abscess, fistula and sepsis are watched over. They are observed during the hospital stay and periodically after discharge.

Results -The following observation were made and tabulated as Operative findings ,Total operating time and Post-operative complications. The operative timings and the operative findings determine the outcome of the surgery. Most cases the operative timing was around 60-90 mins. Out of the 54 patients 14 of them developed fever , 4 of them developed pelvic abscess and fistula for one case and rest of them went uneventful.

Conclusion -Appendicitis complicated by appendicular mass formation is encountered by delay in initial treatment. Appendicular mass intervened by emergency surgery ensures complete recovery for the patient at first admission. Emergency appendectomy rules out other possibilities. The intraoperative findings and operative timings decide the outcome of the surgery. On follow up the most common complication is fever .Initial intervention reduces the hospital stay and further morbidities .To conclude Emergency appendectomy is safe and feasible in appendicular mass.

Keywords: appendix , appendicular mass ,appendectomy

Introduction

Acute appendicitis is acute inflammation of appendix. Acute appendicitis is one of the most common surgical emergencies in acute abdomen. Most of the cases are taken into emergency surgery based on a combination of history, physical examination and laboratory studies approximately 80% of the time.

In emergency we go for open / lap appendectomy. In case of open appendectomy, we may encounter phlegmon or an appendicular mass intra-operatively. Appendicular mass is one of the early complications of acute appendicitis. It comprises of omentum, caecal wall and loop of ileum enclosing the appendix.

My study deals with emergency appendectomy done for appendicular mass during such circumstances. Patients are subjected to surgery and observed. Post-operative complications as fever, pelvic abscess, fistula and sepsis are watched over. They are observed during the hospital stay and periodically after discharge.

The study deals the safety and outcome of the operative procedure along with complications following if any during the period of time mentioned below. Patients are subjected to the study from January 2013 to November 2013 and the results are tabulated.

Aims & Objectives

1. To know the prevalence of the disease in patients admitted and treated in Mahatma Gandhi medical college, Jaipur .
2. To study the safety and results of the operative procedure [SEP]
3. To tabulate the complications arising due to the surgeries or the disease process itself. [SEP]

Methodology:

Patients admitted in our hospital with abdominal pain corresponding to right iliac fossa from September 2022 to July 2023.

Patients are subjected to appropriate surgery and are observed postoperatively for any immediate

Operative findings

SIMPLE MASS	33 (60%)
FIRM ADHESIONS	11 (20%)
LOCULATED COLLECTION OF PUS	6 (10%)
PERFORATED APPENDIX	2 (5%)
APPENDICULAR ABSCESS	2 (5%)

complications and are discharged after the adequate observation time.

Patients are asked to come for follow up once a month for a minimum of 6 months and examined for any complications.

Results And Discussion

In this study 54 cases of acute appendicitis which were taken up for emergency appendectomy and were per-operatively found as appendicular mass was studied.

On summarizing the history of the patient ,they had pain around the umbilicus initially and then gradually localized to the right iliac fossa. Patients had delayed their initial show up by various reasons and had come to the casualty with severe right iliac fossa pain. For them all relevant investigations were done. The advocated procedure and its complications were explained to the patient.

The patient subjected to emergency appendectomy and was discharged. The patient was followed up for a period 4-6 months. The following observation were made and tabulated as

1. operative findings
2. total operating time
3. Post-operative complications.

Operative duration

30 - 60 mins	11 (21%)
60 - 90 mins	42 (78%)
90 - 120 mins	1 (1%)
> 120 mins	NIL

On the basis of post-operative

FEVER	14
PELVIC ABSCESS	4
PERFORATION	NIL
FISTULA	1
SEPSIS	NIL
UNEVENTFUL	35

Seeing the results obtained most of the appendicular mass intervened are only simple in nature. Simple mass can be operated with a short time span. It has minor post-operative complications. As the operative findings change from minor to moderate and severe the operative timings increase. The post-operative complications vary as the timing and severity of the disease change.

Based on the above findings we can see that intervening appendicular mass at the earliest may be safe and save time. It also ensures that complete recovery is attained during the first admission itself and also excludes other possibilities.

In our country if appendectomy is delayed, for a period of 6-8 weeks based on the conservative and interval appendectomy, the patient turnover rate will be very poor. Even if there is mild pain patient may not come for medical treatment. Most of the patients live below poverty line and their compliance level is not to the expected limit. Hence emergency

appendectomy either open or through laparoscopic appendectomy can be attempted SAFELY for appendicular mass.

Conclusion

Appendicitis complicated by appendicular mass formation is encountered by delay in initial treatment.

Appendicular mass intervened by emergency surgery ensures complete recovery for the patient at first admission.

Emergency appendectomy rules out other possibilities. The preoperative findings and operative timings decide the outcome of the surgery.

On follow up the most common complication is fever. Initial intervention reduces the hospital stay and further morbidities. To conclude Emergency appendectomy is safe and feasible in appendicular mass.

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