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To Study the Clinical Presentation of Various Conditions/ Diseases Presenting As Pain in the Right Iliac Fossa

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Abstract **Original Research Article**

Background: A mass in the right iliac fossa is a common diagnostic problem encountered in clinical practice, requiring skill in diagnosis. ***Methods:*** 100 patients with signs and symptoms of right iliac fossa mass admitted Hospital were identified and were studied by taking detailed clinical history, physical examination and were subjected to various investigations like x ray erect abdomen, chest x-ray, contrast x-ray. ***Results:*** Maximum (29%) patients belong to 21-30yrs age group. 67% patients were male and 33% were female. In this study of 100 cases 87 % of cases was related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 18 cases of ileocaecal tuberculosis. ***Conclusion:*** More than 50% of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

Keywords: Appendicular mass, ileocaecal tuberculosis, carcinoma caecum, right iliac fossa mass.

INTRODUCTION

A mass in the right iliac fossa is a common diagnostic problem encountered in clinical practice, requiring skill in diagnosis. A swelling in the right iliac fossa may arise from the structures normally present in that region or from structures, which are abnormally situated in the region [1].

Patient with mass in the right iliac fossa may confront the surgeon, pediatrician obstetrician and gynaecologist. Thorough understandings of the anatomy and pathological processes that may occur within the abdomen are essential for an accurate diagnosis and management. Some patients will need immediate surgical intervention, whereas others will improve with conservative treatment [2, 3].

Among the various quadrants of abdomen, the right iliac fossa enjoys the pride of place as far incidence of mass per abdomen is concerned. Although an extensive subject, this study was undertaken to unravel some of mystery of a mass in right iliac fossa, the very presence of mass proving a diagnostic problem. Mass per abdomen by reason of their wide spread complications has since long exercised the mind of many surgeons and is not an uncommon entity.

The present study was conducted at J L N Medical College Ajmer to evaluate the various conditions/ diseases presenting as pain in the Right Iliac Fossa.

MATERIAL AND METHODS

Study design

Hospital prospective based study.

Study place

Dept. of Surgery, JLN Medical College Ajmer

Study population

All patients with pain in right iliac fossa

Sample size

100 patients reporting to the Surgery dept. within study duration and eligible as per inclusion criteria will be included in the study.

Sampling Method

Convenience sampling

Inclusion Criteria

Patients attending the surgical OPD with pain in right iliac fossa

Exclusion Criteria
Pregnant Women

Terminally ill cancer patients

DATA COLLECTION

All the patients were evaluated as per the proforma. A written and informed consent was taken from the patient after explaining details of treatment modalities. Clinical diagnosis was confirmed by relevant investigations and patient was managed appropriately. After confirming the diagnosis and depending on patient's condition appropriate surgery was performed if necessary.

DATA ANALYSIS

To collect required information from eligible patients a pre-structured pre-tested Proforma was used. For data analysis Microsoft excel and statistical software SPSS was used and data was analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test.

RESULTS

Table-1: Distribution of patients according to age & sex wise

Age (yrs)	Sex		Total
	Male	Female	
11-20	9	5	14
21-30	13	7	20
31-40	20	9	29
41-50	7	4	11
More than50	18	8	26
Total	67	33	100

Maximum (29%) patients belong to 21-30yrs age group. 67% patients were male and 33% were female.

Table-2: Incidence of diagnosis of various conditions

Various conditions	No. of patients
Acute Appendicitis	76
Appendicular abscess	11
Ileocaecal tuberculosis	02
Carcinoma of caecum	01
Psoas abscess	6
Others(undiagnosed)	4
Totals	100

In this study of 100 cases 87 % of cases was related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 18 cases of ileocaecal tuberculosis.

DISCUSSION

In present study maximum age incidence was in 3rd decade (29%) followed by 2nd decade (20%). It was more common in males than females (2.03:1).

According to R.C. Nagar *et al*. [4] appendicular mass was more common in 3rd, 4th and 2nd decades of life. Male to female ratio was 19:4 (4.7:1).

According to Barry Foran *et al*. [5] in 61.5% cases they could do appendicectomy and in 15 % they had to go in for right hemicolectomy.

Appendicular abscess patients formed 11% of the present group study. 50% of the cases were in 4th decade and in 75% cases males were affected. Most of patients presented within 1 month of symptoms. According to Edward L Bradley III *et al*. [6], mean age at which appendicular abscess occurred was 40.7 ± 2.7. Symptoms had been present on an average of 9.2 ± 0.8 days prior to admission.

In appendicular abscess initially pain was colicky and then it progresses to pricking/throbbing type. 25% of cases complained of mass per abdomen and it was tender and soft in consistency. Fever was present in 50% cases. According to Hurme T *et al*. [7], in his study of 147 patients 47% were primarily treated conservatively, of them 9% had to be operated on in acute phase because of worsening of symptom. Rest 53% was operated on primarily of which 28% had complications. In 31 % of conservatively managed patients - interval appendicectomy was done and 12 % were treated conservatively only.

In present study all 12 cases were taken up for immediate extra peritoneal drainage of abscess, which is a preparation for interval appendicectomy done after 6-8 weeks. In all cases Interval appendicectomy was done and histopathology report showed chronic appendicitis. According to Edward L Bradley III *et al*. [6], 6% of his patients group had wound infection after initial extraperitoneal drainage and after interval appendicectomy wound infection occurred in 9% of his patients.

CONCLUSION

More than 50% of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

REFERENCES

1. Adalla SA. Appendiceal mass: Interval appendicectomy should not be the rule. Br J Gin Pract, 1996 Apr-May; 50(3); 168-9.
2. Armstrong CP, Ahsan Z. Carcinoma of caecum. J of Royal College of Surg, Edinburgh, 1995: 35.
3. Bailey and Love's Short practice of Surgery, 22nd Edn, ELBS with Chapman and Hall, London, 1995.
4. Nagar RC, Kanwar DL. Appendix mass early appendicectomy or conservative therapy. Indian J Surg. 1983;54(2):259-62.

5. Foran B, Berne TV, Rosoff L. Management of the appendiceal mass. Archives of Surgery. 1978 Oct 1;113(10):1144-5.
6. Bradley EL, Isaacs J. Appendiceal abscess revisited. Archives of Surgery. 1978 Feb 1;113(2):130-2.
7. Hurme T, Nylamo E. Conservative V/s operative treatment of appendicular abscess - Experience of 147 consequtive patients. Ann Chir Gynaecol. 1995; 84(1): 33-6.