

CLINICAL STUDY AND MANAGEMENT OF APPENDICULAR LUMPFarooq Ahmed¹, Ravindra G. Devani², Mohammed Moinuddin³, Mohd. Ashfaq Ahmed⁴¹Postgraduate Student, Department of General Surgery, Khaja Banda Nawaz Institute of Medical Sciences, Kalaburagi.²Professor and HOD, Department of General Surgery, Khaja Banda Nawaz Institute of Medical Sciences, Kalaburagi.³Professor, Department of General Surgery, Khaja Banda Nawaz Institute of Medical Sciences, Kalaburagi.⁴Postgraduate Student, Department of General Surgery, Khaja Banda Nawaz Institute of Medical Sciences, Kalaburagi.**ABSTRACT****BACKGROUND**

Acute appendicitis is the commonest cause of acute surgical abdomen. Lump is found in 2-6% cases of acute appendicitis. Conventional treatment according to Ochsner-Sherren regime is conservative regime which is popularized as standard treatment of appendicular lump. Failure of conservative regime occurs in 2-4% cases.

MATERIALS AND METHODS

A Prospective Study was done in KBNTGH Gulbarga from August 2015- August 2016. Total of 60 patients admitted with a Diagnosis of Appendicular lump was included in our Study. An Analysis of Patients managed for appendicular lump was done. All the patients of both sexes between 5 to 80 years were included.

RESULTS

Total 700 patients admitted in hospital with diagnosis of acute appendicitis, out of which 60 patients were having appendicular lump, suggestive of incidence of 8.57%. Age group 21-30 years included more patients. Male to female ratio was 3:1. Pain was the presenting complaint in all the patients and presentation varied with history of pain 1 day to 6 months. Of 60 patients of appendicular lump, 10 patients had appendicular abscess and 50 patients had appendicular mass. 10 patients of appendicular abscess were treated surgically. Out of 50 appendicular mass patients, 44 were managed conservatively and discharged from hospital after planning for interval appendicectomy after 4-6 weeks, remaining 6 patients underwent immediate appendicectomy.

CONCLUSION

Clinical examination still remains the most important tool in the diagnosis of appendicular lump. Radiological investigations are necessary, when there is doubtful palpable mass. We treated patients with standard Ochsner-Sherren regimen and surgery was done when mass did not resolve or went in for complication. Majority of patients responded for conservative measures. So, we concluded that Ochsner-Sherren regimen is still preferred approach in treating appendicular mass.

KEYWORDS

Appendicular Lump, Ochsner-Sherren Regime, Appendicectomy.

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BACKGROUND

Acute appendicitis is the commonest cause of acute surgical abdomen. Lump is found in 2-6% cases of acute appendicitis. The inflammation in acute appendicitis may sometimes be fixed by the patient's own defense mechanisms, by the formation of an inflammatory mass (an appendiceal phlegmon) or a circumscribed abscess (an appendiceal abscess), often presenting as a palpable mass, days following the onset of symptoms.¹ This complication occurs in 2 to 7% of all cases of appendicitis.

Conventional treatment according to Ochsner-Sherren regime is conservative regime which is popularized as standard treatment of appendicular lump. Failure of conservative regime occurs in 2-4% cases. Management of appendiceal mass and abscess is either operative or conservative. More evidence is needed to identify which method is superior.² Immediate appendectomy may be technically demanding because of the distorted anatomy and difficulties in closing the appendiceal stump due to the inflamed tissues. According to the aforementioned, the operation could be finished with colonic resections (ileocecectomy or right hemicolectomy).³⁻⁵

Conservative management with interval appendectomy has traditionally remained the gold standard management. The need for interval appendectomy after a successful nonsurgical treatment has recently been questioned as the risk of recurrence is relatively small.⁶⁻⁸

The management of the patient with appendicitis and a mass in the abdomen or pelvis is controversial. Some surgeons favour initial nonoperative treatment of

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appendicitis with antibiotics or extraperitoneal drainage of an abscess, followed by an appendectomy at a later date. Others would advocate performing an appendectomy immediately, and draining the wound as indicated.

This paper aims to evaluate the safety and efficacy of the nonoperative management in patients diagnosed as appendicitis with a palpable mass.

MATERIALS AND METHODS

A prospective study was done in KBNTGH Gulbarga from August 2015- August 2016. Total of 60 patients admitted with a diagnosis of appendicular lump was included in our study. An analysis of patients managed for appendicular lump was done. All the patients of both sexes between 5 to 80 years were included.

Methods

Patients admitted with abdominal pain, mainly in the right iliac fossa, nausea, fever and having mass in the same quadrant were studied making use of the available facilities in the hospital.

The Method of Study Consists of-

- Detailed history taking and physical examination.
- Abdominal and relevant other examination for systemic evaluation.

Routine laboratory investigations

- Evaluation of preoperative status and appropriate preparation for surgery.
- Conservative and / or surgical treatment according to merits of case, operative findings, and post-operative course and complications.
- Histopathological correlation, duration of hospital stay and follow up.

RESULTS

Total 700 patients were admitted in hospital with the diagnosis of acute appendicitis, out of which 60 patients were having appendicular lump, suggestive of incidence of 8.57%.

Age group 21-30 years included more patients.

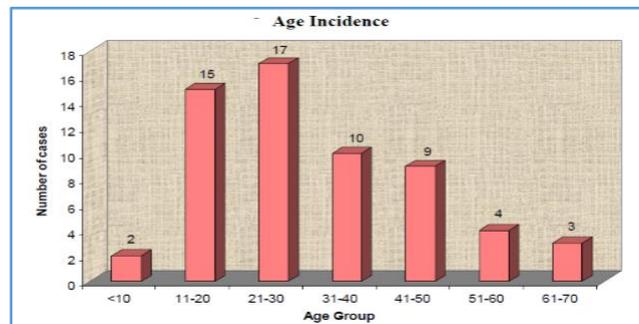


Figure 1

- Male to female ratio was 3:1
- Pain was the presenting complain in all the patients and presentation varied with history of pain 1 day to 6 months.

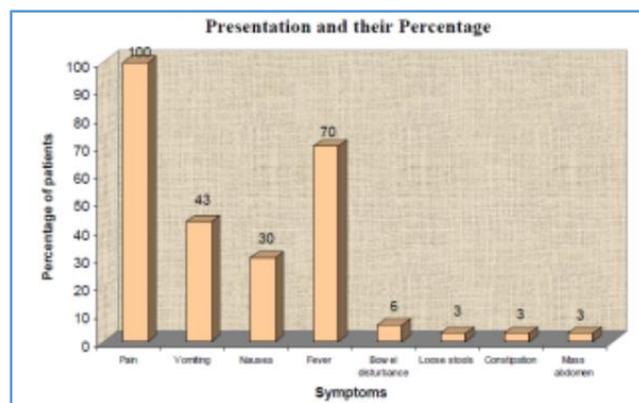


Figure 2

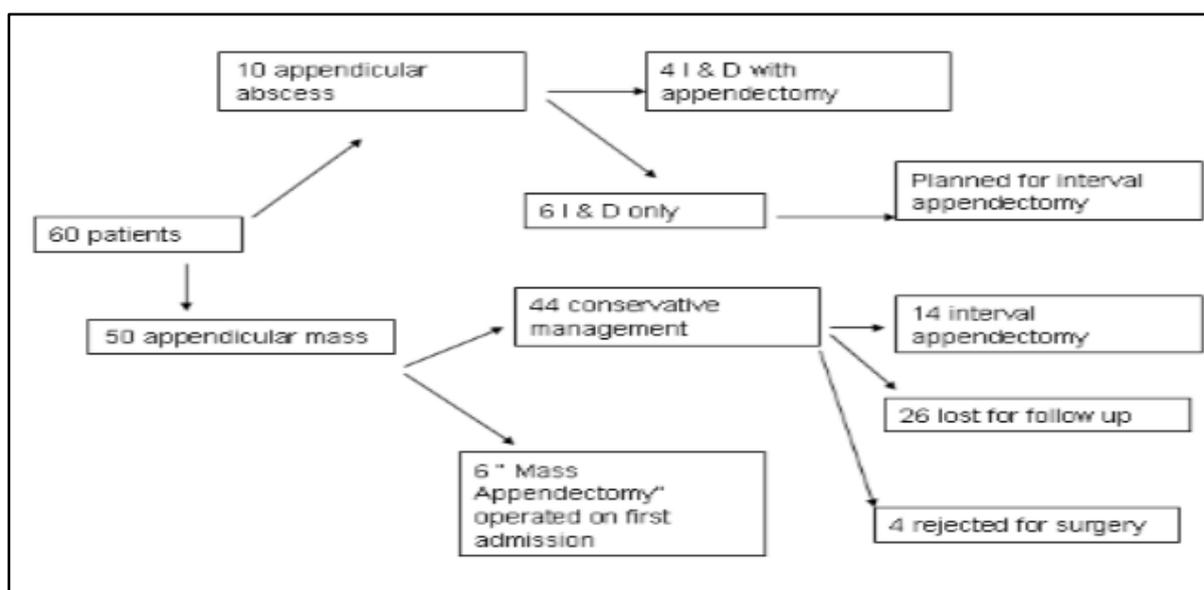


Figure 3

Of 60 patients of appendicular lump, 10 patients had appendicular abscess and 50 patients had appendicular mass.

10 patients of appendicular abscess were treated surgically. Out of 50 appendicular mass patients, 44 were managed conservatively and discharged from hospital after planning for interval appendectomy after 4-6 weeks; remaining 6 patients underwent immediate appendectomy.

DISCUSSION

Immediate appendectomy is the accepted therapy for early acute appendicitis, but the management of patients with more advanced stages of this disease, who present with an abdominal mass, remains controversial. In our patients, 8.57% had a palpable mass per abdomen located in right iliac fossa suggestive of appendicular lump. The palpable mass may contain phlegmon, composed of adherent omentum and small bowel loops, or abscesses of various sizes.

Elective appendectomy is usually performed six to ten weeks later to prevent the recurrence (10%-20%). Since nonoperative management for palpable periappendiceal mass has been proven to be safe and effective, it serves as a useful comparison group for our present study.

Other studies have reported that the nonoperative management for periappendiceal mass is more difficult because of the many variations in the way results are reported. Recent studies report failure rates of 12% or less and complication rates for initial management of 12% or less.⁹⁻¹² Complication rates for interval appendectomy are more variable, reported to be 3% to 16%.¹¹⁻¹⁶ Likewise, recurrent appendicitis rates are quite variable (0% to 20%) depending on the length of follow-up.¹¹⁻¹⁶

The results we report for patients without periappendiceal mass compare favourably with these results.

Emergency surgery has a certain place in the treatment of appendiceal mass and abscess. High frequency of postoperative complications is the negative side of this method.¹⁷⁻¹⁹ These complications are caused by oedema and the vulnerability of the adjacent small and large intestine, and difficult approach to the appendix due to deformation of anatomic structures and location. Conducting colonic resections (ileocectomy, right hemicolectomy) is sometimes necessary instead of appendectomy due to the acute inflammation and adhesion.^{20,21} The prevalence of this method compared to conservative is due to no need of longitudinal follow-up and repeated hospitalization because of elective operation. This method avoids misdiagnosed cases and promptly deals with any unexpected ileocecal pathology that masquerades as an appendiceal mass.^{22,23}

CONCLUSION

Clinical examination still remains the most important tool in the diagnosis of appendicular lump.

Radiological investigations are necessary, when there is doubtful palpable mass.

We treated patients with standard Ochsner-Sherren regimen and surgery was done when mass did not resolve or went in for complication.

Majority of patients responded for conservative measures. So, we concluded that Ochsner-Sherren regimen is still preferred approach in treating appendicular mass.

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