CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

Available online at: http://www.iajps.com Research Article

CLINICAL PROFILE OF PATIENT WITH ACUTE APPENDICITIS AT TERTIARY CARE HOSPITAL HYDERABAD

[1]Dr. Agha Taj Muhammad, [1]Dr. Rasool Bux Behan, [2]Dr. Mairaj Muhammad, [3]Dr. Sadaf Iqbal, [4]Dr. Hamid Nawaz Ali Memon

[1]Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro Sindh Pakistan
[2] Muhammad Medical College Mirpurkhas Sindh Pakistan
[3]Baqai Medical University Karachi Sindh Pakistan
[4]Zulekha Hospital Dubai United Arab Emirates

Received: 30 December 2016 **Accepted:** 19 February 2017 **Published**: 28 February 2017

Abstract:

OBJECTIVE: *To determine the clinical profile of patient with acute appendicitis at tertiary care hospital Hyderabad*

PATIENTS AND METHODS: *A total of fifty patients fulfilling inclusion criteria as acute appendicitis were recruited in six months cross sectional study conducted at tertiary care hospital during 2015. Patient demographic and clinicopathological characteristics and biochemical markers were investigated. Biochemical markers, including blood complete picture, serum ferritin, and C - reactive protein (CRP) and ultrasound abdomen. Patients were monitored and complications (if any) were recorded based on investigations and clinical findings while were treated accordingly whereas the frequency / percentages (%) and means ±SD computed for study variables.*

RESULTS: *During six month study period total fifty patients having acute appendicitis were explored and study. The mean ± SD for age (yrs) of population was 18.78±5.63. Regarding gender distribution male and female population was reported as 33 (66%) and 17 (34%) and urban population was predominant as 30 (60%) whereas the appendix position was reported as retrocaecal 32 (64%), pelvic 10 (20%) and pre ileal 08 (16%) respectively.*

CONCLUSION: *The younger population was common age group for appendicitis observed in our study with retrocaecal position.*

KEYWORDS: *Appendix and Appendicitis.*

Corresponding author:

***Dr. Agha Taj Muhammad,**

Email: zulfikar229@hotmail.com

QR code

Please cite this article in press as Agha Taj Muhammad et al,* Clinical Profile Of Patient With Acute Appendicitis At Tertiary Care Hospital Hyderabad, *Indo Am. J. P. Sci, 2017; 4(02).

INTRODUCTION:

The vermiform appendix supplement, a minimal organ, has inclination for irritation which brings about clinical condition known as acute appendix. Acute appendicitis is a typical issue among youngsters and youthful grown-ups.[1] This issue happens unexpected in beginning and warrants the patients to look for sure fire medicinal services.[2] It has life time danger of 6% Appendicitis beat the rundown of abdominal emergencies and appendicectomy is undeniably the commonest surgical intervention.[3] The majority of the occasion's appendicectomy decreases morbidity and mortality.[4] In United States, 250,000 instances of appendicitis are accounted for annually.[5] Several examinations announced male gender at risk than female. Appendicitis records to 1-8% of kids who present to the pediatric wards with intense abdominal pain. [6,7] The present study gives us the knowledge of the segment profile of age and gender of the patients with appendicitis and its various positions among patients presented at tertiary care hospital Hyderabad.

PATIENT AND METHODS:

A total of fifty patients fulfilling inclusion criteria as acute appendicitis were recruited in six months cross sectional study conducted at tertiary care hospital during 2015 while the patients of inflammatory bowel disease, GI malignancy, ileocecal tuberculosis and pregnant and lactating women were excluded from this study. Patients were interrogated in detail regarding their particulars, presenting complaints, past history, treatment received, any previous surgery done etc. Patient demographic and clinicopathological characteristics and biochemical markers were investigated. Biochemical markers, including blood complete picture, serum ferritin, and C - reactive protein (CRP) and ultrasound abdomen. Patients were monitored and complications (if any) were recorded based on investigations and clinical findings while were treated accordingly. Overall surgical intervention along with correlation of the clinical assessment and histopathological examination was carried out in each case. The data was collected on pre-designed proforma and analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six month study period total fifty patients having acute appendicitis were explored and study. The mean ± SD for age (yrs) of population was 18.78±5.63. The demographical and clinical profile of study population is presented in Table 1.

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	**Frequency (N=50)**	**Percentage (%)**
AGE (yrs)		
11-19	16	32
20-29	14	28
30-39	04	8.0
40-49	06	12
50-59	05	10
60+	05	10
GENDER		
Male	33	66
Female	17	34
RESIDENCE		
Urban	30	60
Rural	20	40
APPENDIX POSITION		
Retrocaecal	32	64
Pelvic	10	20
Pre Ileal	08	16

DISCUSSION:

Appendicitis is the most common abdominal emergency and is most common between the ages of 10 and 20 years but no age is exempt. Appendicitis is inflammation of the appendix may lead to an abscess, peritonitis or death, if untreated and is the most common abdominal surgical emergency. The current standard treatment for uncomplicated appendicitis is conservative therapy and if needed then surgical intervention (appendicectomy). The appendicitis requiring appendicectomy is as yet a difficult assignment despite the fact that it is a typical surgical intervention when the new century rolled over.[8] Appendicectomy for appendicitis can fundamentally decrease the mortality and morbidity.[9] The current examination directed among fifty appendicitis patients demonstrated the rate of the illness during the young age going to a top and afterward declining logically with expanding age with outstanding majority male population.[10] This in concurrence with study by Babu KS et al.[11] Be that as it may, study done by . Nakhgevany KB, et al [12] indicated an opposing female prevalence of cases which might be accounted to the smaller sample size. The appendicitis represents the caecum because formation of the caecum during development, position of appendix is not same in all individuals. The retrocaecal position commonly observed which is in context to the study by Williamson WA, et al [13]

CONCLUSION:

The younger population was common age group for appendicitis observed in our study with retrocaecal position and suggestive that in young population acute abdomen should be rule out by exploring the acute appendicitis followed by early surgical intervention.

REFERENCES:

1. Bhangu A, Søreide K, Di Saverio S, Assarsson JH, Drake FT. Acute appendicitis: modern understanding of pathogenesis, diagnosis, and management. Lancet. 2015;386(10000):1278-1287.
2. Kong VY, Sartorius B, Clarke DL. Acute appendicitis in the developing world is a morbid disease. Ann R Coll Surg Engl.2015;97(5):390-95.
3. Craig S, Dalton S. Diagnosing appendicitis: What works, what does not and where to go from here?. J Paediatr Child Health.2016;52(2):168-173.
4. Zbierska K, Kenig J, Lasek A, Rubinkiewicz M, Wałęga P. Differences in the Clinical Course of Acute Appendicitis in the Elderly in Comparison to Younger Population. Pol Przegl Chir.2016;88(3):142-46.
5. Lohar HP. Epidemiological aspects of appendicitis in a rural setup. Medical J DY Univ. 2014;7(6):753- 7
6. Rothrock SG, Pagane J. Acute appendicitis in children: emergency department diagnosis and management. Ann Emerg Med. 2000;36:39-51
7. Glass CC, Rangel SJ. Overview and diagnosis of acute appendicitis in children. Semin Pediatr Surg. 2016;25(4):198-203.
8. Alvarado A. How to improve the clinical diagnosis of acute appendicitis in resource limited settings. World J Emerg Surg.2016;11:16.
9. Rentea RM, Peter SDS, Snyder CL. Pediatric appendicitis: state of the art review. Pediatr Surg Int. 2017;33(3):269-283
10. Hansen LW, Dolgin SE. Trends in the Diagnosis and Management of Pediatric Appendicitis. Pediatr Rev.2016;37(2):52-58.
11. Babu KS, Savitha S. A study on acute appendicitis in a tertiary care hospital in Tamil Nadu, India.IntSurg J.2017;4(3):929-31
12. Nakhgevany KB, Clarke LE. Acute appendicitis in women of childbearing age. Arch Surg. 1986;121(9):1053-55.
13. Williamson WA, Bush RD, Williams LF Jr. Retrocecal appendicitis. Am J Surg. 1981;141(4):507-9