

Original article:

Study of role of laparoscopic appendicectomy in chronic right lower quadrant abdominal pain

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Abstract:

Introduction: We do treat such patients conservatively, some of them will complaints of persistent pain with further investigation being inconclusive. These are the challenging patient putting surgeon into confusion between operative and Non operative interventions. chronic appendicitis most of the times has no clinical characteristics that might aid in a diagnosis. Signs and symptoms are more obvious in acute appendicitis than chronic appendicitis.

Material and methods: Collection of data was from the clinical history, physical examination, relevant investigations, imaging modalities and follows up of the patients (in-patient / out-patient). It was spread over a period from October 2015 to June 2017.; all the cases coming or reporting to the B.L.D.E Hospital and Medical College, Vijayapur during the study period and satisfying inclusion criteria was included in this prospective study.

Results: 42 patients underwent laparoscopic appendicectomy . 92.9% (39) of the patients were completely pain free, only 3 (7.1%) did not improve after laparoscopic appendicectomy. In 3 patients who had persistent of pain, 1 patients were male and 2 patients were female. P value is significant (<0.05).

Conclusion: To conclude, Laparoscopic Appendicectomy is very effective in relieving chronic right lower quadrant abdominal pain with Histopathology report showing Chronic Appendicitis.

Introduction:

We do treat such patients conservatively, some of them will complaints of persistent pain with further investigation being inconclusive.¹ These are the challenging patient putting surgeon into confusion between operative and Non operative interventions. chronic appendicitis most of the times has no clinical characteristics that might aid in a diagnosis. Signs and symptoms are more obvious in acute appendicitis than chronic appendicitis. Right lower abdominal Pain associated with chronic or recurrent appendicitis refer to the efficacy of elective appendicectomy in selected patients.^{2,3}

There are certain studies like R. M. Roumen and colleagues observed that appendectomy in these patients with persistent or recurrent non specific RLQ pain is more likely to improve the pain than leaving the appendix in situ⁴.

Material and methods

Collection of data was from the clinical history, physical examination, relevant investigations, imaging modalities and follows up of the patients (in-patient / out-patient). It was spread over a period from October 2015 to June 2017.; all the cases coming or reporting to the B.L.D.E Hospital and Medical College, Vijayapur during the study period and satisfying inclusion criteria was included in this prospective study.

Inclusion criteria:

- Patients Aged between 15 and 60 years.
- Patients who have suffered from chronic/recurrent RLQ pain, in whom Complete hemogram, Urine routine, Ultrasonography of Abdomen did not reveal any pathology.
- Experience of continuous pain or should have endured at atleast one pain attack in the month prior to inclusion.

Exclusion criteria:

- 1] History of chronic back pain,
- 2] Previous abdominal surgery with exception of diagnostic laparoscopy or laparoscopic sterilization,
- 3] Specific gastrointestinal disorders,
- 4] Gynaecological diseases,
- 5] Urological diseases
- 6] Finally exclusion will be done if diagnostic laparoscopy reveals abnormalities other than the appendix related.

All patients with chronic or recurrent RLQ pain will undergo complete general physical examination, local examination and systemic examination (inspection, palpation, percussion and auscultation).

After complete workup, investigations and clinical diagnosis ascertained, patients were considered for diagnostic laparoscopy. All patients were informed of the risks and benefits of the procedure. Standard three-trocar laparoscopy was performed.

Results:

42 patients underwent laparoscopic appendectomy . 92.9% (39) of the patients were completely pain free, only 3 (7.1%) did not improve after laparoscopic appendectomy. In 3 patients who had persistent of pain, 1 patients were male and 2 patients were female. P value is significant (<0.05).

There were no post operative complications like port site infections or intra-abdominal collection. There was no mortality. In initial diagnostic laparoscopy three cases were excluded from the study because of ovarian cyst. Total 42 patients underwent laparoscopic appendectomy. 39 (92.9%) of the patients completely pain free, only 3(7.1%) patients are having persistent pain.

Discussion

Our study has shown that removal of appendix from patients with persistent or recurrent RLQ pain is more likely to improve the pain than leaving the appendix in situ. Chronic right lower abdominal pain or RLQ pain is a common clinical entity and continues to remain a diagnostic and therapeutic problem.

Chronic RLQ pain causes disability, distress and results in significant costs to health services. Often, investigation by laparoscopy reveals no obvious cause for pain. Chronic or recurrent appendicitis is a common cause of chronic right lower abdominal pain in surgical practice.

In our prospective study, 42 patients admitted to BLDEU Shri. B.M.Patil Medical college and Hospital , Vijayapur , in the study period i.e from October 2015 to June 2017 were included. We found that laparoscopic appendectomy was of great diagnostic value and therapeutic procedure in chronic or recurrent RLQ pain.^{5,6}

Laparoscopy is changing the view regarding exploration in patients with chronic RLQ pain. Chronic or recurrent RLQ pain is one such entity that has garnered much attention. Most of the literature concludes that patients with persistent RLQ pain without obvious source on preoperative evaluation can safely undergo laparoscopy and appendectomy. In initial diagnostic laparoscopy three cases were excluded from the study because of ovarian cyst and appendicitis was diagnosed in patients. In our study no mortality was encountered and no post-op complications also. Laparoscopy is an effective diagnostic and therapeutic tool in evaluating patients with chronic abdominal pain in whom conventional methods of investigations have failed to elicit a certain cause. Laparoscopic appendectomy is a feasible and safe procedure.⁷

Conclusion:

To conclude, Laparoscopic Appendectomy is very effective in relieving chronic right lower quadrant abdominal pain with Histopathology report showing Chronic Appendicitis.

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