

CLINICAL STUDY OF PAIN IN RIGHT ILIAC FOSSA

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Abstract

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 in 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 .

Result: In this study of out of 100 cases, 65.00% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 12.00% cases of ileocaecal tuberculosis.

Conclusion: Appendicular lump remains the most common cause for right iliac fossa pain. Ileocaecal tuberculosis is one of the most important differential diagnoses for pain abdomen.

Keywords: Appendicular Mass, Ileocaecal Tuberculosis, Carcinoma Caecum, Right Iliac Fossa Mass.

Introduction

Pain right iliac fossa is one of the most common presentations of the patients reporting at the emergency department.¹ Nearly 75% of the cases presenting with acute abdominal pain can be attributed to the right lower quadrant of the abdomen.² The differential diagnosis of the patients presenting with acute pain R.I.F is not always straightforward and a number of conditions may be responsible for pain at this site. In most of the cases, first diagnosis to be considered is acute appendicitis, which is undoubtedly the most common surgical emergency.³ Although appendectomy is the most common emergency general surgical procedure performed in any hospital, its diagnosis still remains difficult and a negative appendectomy rate of 15- 30% rising up to 50% in women of reproductive age has been reported.⁴ Several authors considered higher negative appendectomy rates acceptable in order to minimize the incidence of perforation.⁵

Patient with mass in the right iliac fossa may confront the surgeon, pediatrician obstetrician and gynaecologist . There is a long list of surgical and medical problems including right ureteric colic, nonspecific mesenteric lymphadenitis, ruptured ectopic gestation, pelvic inflammatory disease, ruptured functional ovarian cysts,

amoebiasis, viral gastroenteritis, acute cholecystitis, perforated duodenal ulcer, Crohn's colitis, right basal pneumonia etc which can present a acute pain in R.I.F and can create a diagnostic problem.⁶ So the familiarity with the conditions other than appendicitis presenting as acute pain in R.I.F as well as their management is very important.

MATERIAL AND METHODS

Study design: Hospital prospective based study.

Study population: All patients with pain in right iliac fossa.

Sampling Method: Random sampling

Inclusion Criteria:

Patients attending the surgical OPD with pain in right iliac fossa

Exclusion Criteria:

Pregnant Women

Terminally ill cancer patients.

Data Collection: A written and informed consent was taken from the patient after explaining details of treatment modalities. Clinical diagnosis was confirmed by relevant investigations (routine investigations of blood/urine and ultrasonography and CT scan if required) and patient will be 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 will be analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test .

Results

Table 1: Socio-demographic profile

Mean age	36.23±12.32 Yrs
Sex(Male: Female)	61:39
Area(Rural:Urban)	54:46

Mean age of patients was 36.23±12.32 Yrs. 61.00% patients were male.

Table 2: Incidence of diagnosis of various conditions.

Various conditions	No. of patients
Appendicular mass	51
Appendicular abscess	14
Ileocaecal tuberculosis	12
Carcinoma of caecum	11
Psoas abscess	7
Others	5
Totals	100

In this study of out of 100 cases, 65.00% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 12.00% cases of ileocaecal tuberculosis.

Table 3: Treatment

Various conditions	No. of patients	Treatment	
		Medical	Surgical
Appendicular mass	51	8	43
Appendicular abscess	14	0	14
Ileocaecal tuberculosis	12	1	11
Carcinoma of caecum	11	2	9
Psoas abscess	7	0	7
Others	5	2	3
Totals	100	13	87

In our study of 100 cases, 13 cases were managed conservatively and 87 cases were managed surgically. Out of 43 cases of appendicular mass managed surgically 24 cases were taken up for surgery immediately whereas rest of the 19 cases were managed by Oschner Scherren regime and appendicectomy was done at a later date. All 14 cases of appendicular abscess and 7 cases of psoas abscess were managed by extraperitoneal drainage. 11 out of 12 cases of ileocaecal tuberculosis were managed surgically 1 case was not operated. 9 out of 11 cases of carcinoma caecum were operated upon.

Discussion

65.00% of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

R. C. Nagar et al⁷ observed that more than 50% of patients were related to appendicular pathology.

According to Erik Skoubo – Kristensen et al.⁸ also observed that 72.00% patients of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

In our study of 100 cases, 13 cases were managed conservatively and 87 cases were managed surgically. Out of 43 cases of appendicular mass managed surgically 24 cases were taken up for surgery immediately whereas rest of the 19 cases were managed by Oschner Scherren regime and appendicectomy was done at a later date.

According to Barry Foran et al⁹ in 61.5% cases they could do appendicectomy and in 15 % they had to go in for right hemicolectomy.

Erik Skoubo-Kristensen et al⁸ says that in most cases conservative management of appendicular mass is successful and complication rates seem lower than with early operative treatment.

Adalia SA et al¹⁰ says that In his study of 30 patients, 3 needed emergency appendicectomy, 2 had elective appendicectomy and remaining 83% were managed conservatively.

Conclusion

Appendicular lump remains the most common cause for right iliac fossa pain. Ileocaecal tuberculosis is one of the most important differential diagnoses for pain abdomen.

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