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A study of causes of right Iliac fossa pain with comparison of operative vs conservative management

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Abstract

Background and Objectives: Patient with pain in the right iliac fossa (RIF) may confront the surgeon, Paediatrician, obstetrician and gynaecologist. Thorough understandings of the anatomy and pathological processes that may occur within the abdomen are essential for an accurate diagnosis and plan of treatment. Some patients will require immediate surgical intervention, whereas others will improve with conservative treatment. The purpose of the present study is to recognise certain well defined clinic-pathological entities, differential diagnosis of pain in the right iliac fossa and the relative incidence of various aetiologies.

Methods: A prospective randomized study was conducted on 50 patients in Smt. NHL Municipal Medical College-Smt SCL Hospital. All were indoor patients with a history of pain in right iliac fossa were included in the present study. A thorough clinical examination was undertaken in each patient, including rectal examination in all cases and vaginal examination in those women where indicated.

Results: Out of the 50 patients, 20 were males and 30 were females, with a male: female ratio of 1:1.5 with all ranged patients. Acute appendicitis (36%), no doubt, is the commonest diagnosis of the patients, presenting with acute R.I.F pain followed by Non specific mesenteric lymphadenitis(16%) and right ureteric calculi (16%). 40 percent were successfully treated conservatively, whereas 60 percent failed conservative treatment and underwent surgery. The major complication seen after the operation was wound infection which occurred in 3 operative cases. Mean hospital stay duration was 2.83 days in conservative management and 4.5 days in operative cases.

Conclusion: A number of gastrointestinal, urological, gynecological conditions can present as acute pain in the right iliac fossa. So, a sound knowledge regarding history taking, clinical examination, especially pelvic examination, relevant investigations and the principles of management of these conditions is mandatory before proceeding for any type of surgery for acute pain R.I.F especially for junior residents.

Keywords: RIF pain, Causes, Operative and Conservative management.

1. 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 appendicectomy is the most common emergency general surgical procedure performed in any hospital, its diagnosis still remains difficult and a negative appendicectomy rate of 15-30% rising up to 50% in women of reproductive age has been reported ^[4]. Several authors considered higher negative appendicectomy rates acceptable in order to minimize the incidence of perforation ^[5, 6, 7].

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 an acute pain in R.I.F and can create a diagnostic problem ^[8, 9, 10]. 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 ^[11, 12]. This study is based on the evaluation of these facts, so that the rate of negative appendicectomies leading to financial constraints, both on the patients as well as hospitals can be minimized ^[13, 14].

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Objectives of the Study

The aims and objectives of this study are to study various diseases presenting as pain in the right iliac fossa, their modes of management, to detect complication and to minimise the rate of unnecessary operation.

Materials & methods

Fifty patients of both genders and all ages reporting to the Smt. NHL Municipal Medical College-Smt SCL Hospital, with a history of pain in right iliac fossa were included in the present study. With the help of history and physical examination, routine and special investigations, an attempt to reach a definite diagnosis was made, and the patients were divided into 2 groups:

Group I: Conservative group - 20 patients (40%). These were the patients in whom conservative treatment was planned and carried out.

Group II: Operated group 30 patients (60%) These patients were explored after failure of conservative trial, These patients in group I was managed conservatively by keeping NPO, administering I.V fluids and antibiotics (triple) gradually. The patients in each group were discharged when they were symptom free, afebrile, mobile, taking adequate amount of diet and passing stools and flatus.

Results and Discussion

Out of 50 cases, 30 were female and 20 were male with a female: male ratio of 1.5:1 with a pick incidence on 3rd decade. The commonest presentation of the patients in this study was acute right iliac fossa pain (100%). Apart from pain, vomiting (50%), fever (40%), tenderness (70%), rebound tenderness (30%), constipation (10%), guarding (14%), rigidity (8%), anorexia (60%) were present. Final diagnosis of the patients in the study is described in the following table.

Table 1: Different Aetiology and their Management (conservative and operative)

Sr No	Causes	Conservative		Operative		Total	
		No of cases	Percentage	No of cases	Percentage	No of cases	Percentage
1	Appendicitis	3	6%	15	30%	18	36%
2	Mesenteric lymphadenitis	6	12%	2	4%	8	16%
3	Right ureteric colic	5	10%	3	6%	8	16%
4	Pelvic inflammatory disease	3	6%	0	0%	3	6%
5	Ruptured ovarian cyst	0	0%	2	4%	2	4%
6	Ruptured ectopic pregnancy	0	0%	3	6%	3	6%
7	Ileocaecal tuberculosis	2	4%	1	2%	3	6%
8	Psoas abscess	0	0%	3	6%	3	6%
9	Endometriosis	1	2%	0	0%	1	2%
10	Undescended testis	0	0%	1	2%	1	2%

Appendicitis (36%) was the most common cause of RIF pain followed by mesenteric lymphadenitis (16%) and right ureteric calculi (16%).

Out of 50 patients, 30 patients (60%) were managed by operative and remain 20 patients (40%) were managed conservative. Mostly lymphadenitis and stone patients were managed conservative and mostly patients who were diagnosed as appendicitis were managed operation either elective or emergency operation.

In operative management complication were

Complication	Total	Percentage
Wound infection	3	10%
Prolonged ileus	1	3.33%
Intra-abdominal abscess	1	3.33%
TOTAL	5	16.66%

Wound infection was the most common complication in operative management.

Duration of hospital stay

The overall hospital stay varied from 48 hours to 10 days with a mean of 4.83 days.

Cases	Mean duration of stay in hospital(in days)
Conservative	2.8
Operative	4.5

In conservative cases mean duration stay in hospital was 2.8 days, which was less than in operative cases (4.5 days).

Conclusion

A number of gastrointestinal, urological, gynecological conditions can present as acute pain in the right iliac fossa. So, a sound knowledge regarding history taking, clinical examination, especially pelvic examination, relevant investigations and the principles of management of these conditions is mandatory before proceeding for any type of surgery for acute pain R.I.F especially for junior residents. A careful implementation of the principles of good history taking and elicitation of physical signs, policy of in-hospital observation, repeated examination and delay in surgery for patients with equivocal features of acute pain in R.I.F can decrease a negative appendectomy rate especially in females of reproductive life, thus decreasing postoperative complications of exploration. Ultrasonography was found to be very useful and diagnosed accurately most of the cases. So we recommend this investigation as the first line in dealing with such cases due to cost effectiveness and accuracy, especially in countries like India, where patients are not affordable for higher investigations. So we conclude by saying that a variety and perplexing cases could present to any surgeon and all one needs is thorough history, good clinical examination and judicious use of low cost investigation which is affordable by all the patients. Depending on the condition either surgical or conservative approach can be undertaken.

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