ISSN- O: 2458 - 868X, ISSN–P: 2458 – 8687
Index Copernicus Value : 49 . 23

International Journal of Medical Science and Innovative Research (IJMSIR)
IJMSIR : A Medical Publication Hub
Available Online at: www.ijmsir.com
Volume – 3, Issue –2, March - 2018, Page No. : 181 - 183

Clinical Study and Management of Mass in Right Iliac Fossa at M.G. Hospital Bhilwara Rajasthan

Ashu Kapoor, Department of surgery, M.G.Hospital, Bhilwara, Rajasthan

Correspondence Author: Ashu Kapoor, Department of surgery, M.G.Hospital, Bhilwara, Rajasthan, India.

Type of Publication: Original Research Paper

Conflicts of Interest: Nil

Abstract

Background - A mass in the right iliac fossa is a common diagnostic problem.

Methods- 100 patients with signs and symptoms of right iliac fossa mass admitted in Department of surgery, M.G.Hospital, Bhilwara, Rajasthan were identified and were studied by taking detailed clinical history, physical examination.

Result- In this study of 100 cases more than 50% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 17 cases of ileocaecal tuberculosis. 75% cases of acute abdomen were managed surgically where as 25% were managed conservatively.

Conclusion- The common causes are acute appendicitis, perforation peritonitis, biliary diseases and intestinal obstructions. Most of the patients are managed surgically.

Keywords- Appendicular mass, ileocaecal tuberculosis, carcinoma caecum.

Introduction

A mass in the right iliac fossa is a common diagnostic problem encountered in clinical practice, requiring skill in diagnosis. A swelling in the right iliac fossa may arise from the structures normally present in that region or from structures, which are abnormally situated in the region[1].

Patient with mass in the right iliac fossa may confront the surgeon, pediatrician obstetrician and gynaecologist . A thorough understanding of the anatomy and pathological processes that may occur within the abdomen are essential for an accurate diagnosis and management. Some patients will need immediate surgical intervention, whereas others will improve with conservative treatment [2-4].

Material and Methods

Study design: Hospital prospective based study.

Study place: Dept. of Surgery, M.G.Hospital Bhilwara.

Sample size: 100 patients reporting to the Surgery dept. within study duration and eligible as per inclusion criteria will be included in the study.

Sampling Method: Convenience sampling

Inclusion Criteria: patients attending the surgical OPD with pain in right iliac fossa

Exclusion Criteria: Pregnant Women

Terminally ill cancer patients.

Data Collection: All the patients wrer evaluated as per the proforma.

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 Ultrasonograghy 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.

Results

Table no.1.Incidence of diagnosis of various conditions.

Various conditions	No. of patients
Appendicular mass	48
Appendicular abscess	11

Ileocaecal tuberculosis	17
Carcinoma of caecum	10
Psoas abscess	6
Others	8
Totals	100

In this study of 100 cases more than 50% of cases was related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 17 cases of ileocaecal tuberculosis.

Table 2.Distribution of Cases of Acute Abdomen According to Management

Management	No. of Cases	Percentage
Surgical	75	75
Conservative	25	25
Total	100	100

75% cases of acute abdomen were managed surgically where as 25% were managed conservatively.

Table 3.Distribution of Cases of Acute Abdomen According to Outcome

Outcome	No. of Cases	Percentage
Discharged	95	95.0
Referred	1	1.0
Died	4	4.0
Total	100	100

95% of all the cases of acute abdomen were discharged successfully. The overall mortality rate was 4% observed in this study.

Discussion

More than 50% of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

The observations recorded in this study were found to be similar to those conducted by Al Mulhim et al[5] in which acute appendicitis was the most common cause of acute abdomen accounting for 47% of the cases

In study conducted by Matin et al[6] the incidence of acute appendicitis was found to be 32% and those of biliary diseases was 7.33%.

75% of cases were managed surgically in our study and 25% were managed conservatively.

In studies conducted by Matin et al[6] and Ray et al[7] 40.67% and 90.90% patients were managed surgically.

91% of all cases were discharged successfully in our study and overall mortality was 8%.

The mortality rates observed in Ravindra et al[8], Ray et al[8] and Chanana et al[9] were 2.3%, 2.72% and 2.3% respectively.

Conclusion

The common causes are acute appendicitis, perforation peritonitis, biliary diseases and intestinal obstructions. Most of the patients are managed surgically

References

1. Adalla S.A. Appendiceal mass : Interval appendicectomy should not be the rule. Br J Gin Pract, 1996 Apr-May; 50(3); 168-9.
2. Armstrong C.P., Ahsan Z., et al : Carcinoma of caecum. J of Royal College of Surg, Edinburgh, 1995 : 35.
3. Bailey and Love's Short practice of Surgery, 22nd Edn., ELBS with Chapman and Hall, London, 1995.
4. Barry Foran, Thomas V Berne, Leonard Rosoft: Management of appendiceal mass. Arch Surg, 1978 Oct; 113: 1144-1145.
5. Al-Mulhim AA. Emergency general surgical admissions. Prospective institutional experience in non-traumatic acute abdomen: implications for education, training and service. Saudi Med J 2006; 27(11):1674-9.
6. Ohene-Yeboah M. Acute surgical admissions for abdominal pain in adults in Kumasi, Ghana. ANZ J Surg. 2006 Oct;76(10):898-903.

7. Ray S, Patel M, Parmar H. Management of acute abdomen: Study of 110 cases. IAIM, 2016; 3(2): 18-24.
8. Ravindra C, R. SC. Clinical profile of acute abdomen cases at a tertiary care hospital. Int Surg J. 2016; 3(1):105-107.
9. Chanana L, Jegaraj AKM, Kalyaniwala K. Clinical profile of non-traumatic acute abdominal pain presenting to an adult emergency department. J Family Med Prim Care. 2015; 4(3):422–425.