APPENDICITIS

CREATED BY STRATA5.CO.UK

- 40,000 ADMISSIONS PER YEAR
- MAINLY BETWEEN AGES 15-25
- MORTALITY IS 5.1 PER 1000 CASES IF APPENDIX PERFORATES

BASIC SCIENCE AND PATHO-PHYSIOLOGY

Obstruction of the lumen of the appendix (faecolith, adhesion, lymphoid tissue

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Intra-luminal pressure rises & the appendix distends ---- May settle in episodes of sub-clinical appendicitis

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Ulceration occurs as the pressure rises & bacteria leak into the appendix wall

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Gangrene ---- Appendix mass or abscess 2-6%

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Perforation (15-30%) ---- Peritonitis

EXAMINATION

Presentations can vary, but typically;

- Patients look flushed and dehydrated.
- Tachycardia and fever are often signs present.
- Patients experience pain, lie still, with tenderness commonly in the right iliac fossa, maximal over McBurney's point (1/3 of the way along an imaginary line from the anterior superior iliac spine to the umbilicus) indicative of where the inflamed appendix normally lies

REMEMBER

- Visceral pain is normally vague, colicky and felt in the mid-line
- Somatic pain is more constant, and felt at the local site

- NEGATIVE APPENDICETOMY RATES ARE OFTEN IN THE REGION OF 10-20% AND IT IS IMPORTANT TO TRY AND KEEP THIS RATE LOW

MANAGEMENT

1. Resuscitate – if dehydrated or signs of sepsis
2. Analgesia
3. Keep nil by mouth
4. Involve surgical team

Approach to patients with RIF pain

5. Moderate risk of appendicitis

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Appendicitis possible but not clear

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Admit under surgeons, serial examinations, CT or USS, consider diagnostic lap

DATA FROM RCEMLEARNING