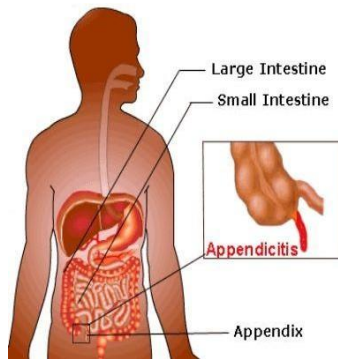


## Patient Information Sheet

# ACUTE APPENDICITIS



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### What is acute appendicitis ?

The appendix is a tubular structure attached to the cecum just below the point where the small intestine opens in the large intestine. It does not participate in the digestive function of the intestines. It is very rich in lymphoid tissue and is prone to inflammation/infection. Appendicitis is a major cause of severe pain abdomen in a child.

### What causes this problem and how common is it ?

Appendicitis means inflammation/infection of the appendix in a child. There are mainly two ways in which an appendix gets inflamed.

i). During non-specific viral infections the lymphoid tissue in the wall of the appendix get reactively inflamed (catarrhal appendicitis). This is usually the milder form and may settle down on its own.

ii). Sometimes the appendix gets blocked by a fecal pellet to give rise to obstructive appendicitis. This is more serious and can perforate and give rise to abscess formation or generalised infection of the peritoneal cavity.

Whenever a child complains of pain in the right lower abdomen, the first suspicion is acute appendicitis – that is how common it is !

### What are the symptoms ?

The onset is very typical in children – there is loss of appetite just before the pain starts, followed by pain in the right lower abdomen, vomiting, fever, and other maybe some other uncommon features eg diarrhoea if the appendix lies behind the intestines or difficulty in straightening the right leg if the muscles of the back also get inflamed.

### When to see your doctor ?

When parents notice these symptoms, a doctor needs to be seen.

### How it is diagnosed ?

Clinical history and examination of child is most

important means of diagnosis supported by few blood tests. USG of abdomen is also commonly used. Rarely, CECT abdomen is needed in the child.

### What are the treatments available ?

Surgery is the most common modality available to treat this condition. A combination of anorexia, right iliac fossa pain and tenderness with elevated white blood cell count is enough evidence to suggest surgical treatment. USG findings may lend support to the diagnosis.

Sometimes, medical treatment in terms of antibiotics and analgesics can also treat mild episodes specially in cases of catarrhal appendicitis or when the features are typical.

However, it is used with caution in small children as the omentum is not well developed to seal off an inflamed appendix and perforation can lead to serious consequences.

### When it should be operated ?

In most cases the appendicectomy is done in the emergency. In medically managed cases, often interval appendicectomy after 6-12 weeks is recommended.

### Are there other alternative methods of treatment ?

Medical management is sometimes successful in this condition, with its inherent risks.

### What does the operation involve ?

Appendicectomy can be done by methods : i) the open method and ii) laparoscopy. Both have their proponents and opponents.

An open appendicectomy maybe preferred in cases where complications have already occurred eg an abscess formation or perforation leading to generalised peritonitis. In such situations the tissues maybe adherent, inflamed and fragile and the surgeon may be more confident in handling them during an open procedure. It may also be quicker.

All other cases can be managed by laparoscopy.

## What are the possible complications / what happens after the operation ?

For majority of children, if surgery is done by trained pediatric surgeons, complications are rare.

Reported complications include wound infection, abscess, delayed subacute obstruction etc.

## What is the outlook or future of these children ?

They do not have any long term problems after surgery. Rare situations may warrant a repeat procedure eg if the child's condition was not very good due to generalised peritonitis, then the initial procedure may just be a drainage of the pus etc and appendicectomy may follow later. Similarly an abscess may initially be treated by drainage and the appendicectomy may be deferred to a later procedure.



Perforated appendix on USG



Laparoscopic  
appendicectomy



Perforated  
appendix



Scars of laparoscopic & open appendicectomy