A STUDY ON RIGHT ILIAC FOSSA MASS

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Abstract

Background: Patients with mass in the right iliac fossa may confront the surgeon, pediatrician or gynecologist. Thus, thorough understandings of the anatomy and pathological process that may occur within the abdomen are essential for an accurate diagnosis and plan of treatment.

Methods: 100 patients with signs and symptoms of right iliac fossa mass admitted 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.

Results: In this study of 100 cases 86 % of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 3 cases of ileocaecal tuberculosis.

Conclusion: This study showed that appendicular mass is the commonest pathology in right iliac fossa.

Keywords: Appendicular mass, ileocaecal tuberculosis, carcinoma caecum, right iliac fossa mass

Introduction:

Mass in the right iliac fossa is not an uncommon entity in the surgical wards, whether detected clinically or as an Ultrasonography finding. Though we think of appendix more commonly in the right iliac fossa there are many other structures giving rise to a mass in the right iliac fossa.¹ Thus preoperative diagnosis remains an enigmatic challenge and a reminder of art of surgical diagnosis. Patients with mass in the right iliac fossa may confront the surgeon, pediatrician or gynecologist. Thus, thorough understandings of the anatomy and pathological process 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.

As the mass in the right iliac fossa is a differential diagnosis, though some investigations are common, some may differ from individual cause and the management is according to the cause.^{2,3}

The objective of this study was to study the etiopathology, clinical presentations of the various

pathological entities of mass in the right iliac fossa along with its differential diagnosis and management.

Material and methods

Study design: Hospital prospective based study.

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

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: Random sampling

Inclusion Criteria:

All the cases that presented during the study period, having a mass in the RIF

Patients of both sex

Patients who have also been found to have a mass in the RIF incidentally on examination and investigations are included in the study.

Exclusion Criteria:

Patients having a mass in the right iliac fossa due to gynaecological conditions are excluded

Data Collection:

All the patients were 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 and patient was 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 was analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test.

Results

Graph 1: Mean age of patients was 36.24±9.2 Yrs. 62% patients were male and 38% were female.

Table 1: Incidence of diagnosis of various conditions

Various conditions	No. of patients
Acute Appendicitis	73
Appendicular abscess	13
Ileocaecal tuberculosis	03
Carcinoma of caecum	01
Psoas abscess	6
Others(undiagnosed)	4
Totals	100

In this study of 100 cases 86 % of cases were related to appendicular pathology either in the form of

appendicular mass or appendicular abscess. There were 3 cases of ileocaecal tuberculosis.

Discussion

In present study maximum age incidence was in 3rd decade (32%) followed by 2nd decade (22%). It was more common in males than females.

According to R.C. Nagar et al⁴ appendicular mass was more common in 3rd, 4th and 2nd decades of life. Male to female ratio was 19:4 (4.7:1).

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According to Barry Foran et al⁵ in 61.5% cases they could do appendicectomy and in 15 % they had to go in for right hemicolectomy.

Appendicular abscess patients formed 11% of the present group study. 50% of the cases were in 4th decade and in 75% cases males were affected. Most of patients presented within 1 month of symptoms. According to Edward L Bradley III et al⁶, mean age at which appendicular abscess occurred was 40.7 ± 2.7. Symptoms had been present on an average of 9.2 ± 0.8 days prior to admission.

In appendicular abscess initially pain was colicky and then it progresses to pricking/throbbing type. 25% of cases complained of mass per abdomen and it was tender and soft in consistency. Fever was present in 50% cases. According to Hurme T et al⁷, in his study of 147 patients 47% were primarily treated conservatively, of them 9% had to be operated on in acute phase because of worsening of symptom. Rest 53% was operated on primarily of which 28% had complications. In 31 % of conservatively managed patients - interval appendicectomy was done and 12 % were treated conservatively only.

In present study all 12 cases were taken up for immediate extra peritoneal drainage of abscess, which is a preparation for interval appendicectomy done after 6-8 weeks. In all cases Interval appendicectomy was done and histopathology report showed chronic appendicitis. According to Edward L Bradley III et al⁶, 6% of his patients group had wound infection after initial extraperitoneal drainage and after interval appendicectomy wound infection occurred in 9% of his patients.

Conclusion

This study showed that appendicular mass is the commonest pathology in right iliac foss.

References

1. Adalla S.A. Appendiceal mass: Interval appendicectomy should not be the rule. Br J Gen 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. Nagar R. C. and Karwan D.L.: Appendix mass - Early appendicectomy or conservative therapy?. IJS, 259-262
5. Barry Foran, Thomas V Berne, Leonard Rosoff: Management of appendiceal mass. Arch Surg, 1978 Oct; 113: 1144-1145.
6. Edward L. Bradley III, James Isaacs: Appendiceal abscess revisited. Arch Surg, 1978 Feb; 113: 130-132.
7. Hurme T., Nylamo E : Conservative V/s operative treatment of appendicular abscess - Experience of 147 consecutive patients. Ann Chir Gynaecol. 1995; 84(1): 33-6.