

## Appendicitis different treatment options

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**Abstract:** Acute appendicitis treatment trend is changing. Emergency operation can be deferred conservative antibiotic treatment is preferred alternate choice .[1]

**Introduction:** Before the advent of higher antibiotics appendicitis was one of formidable threat to humanity and high priority emergency. with advance of time its complications will be worse Emergency appendicectomy was once mandatory risking post operative complications, though very few and minimum. Now conservative treatment with higher antibiotics is advised buying time for definitive treatment later

**Key words:** Acute and chronic appendicitis \_defer emergency operation \_wait for appropriate time \_Conservative treatment \_Elective appendicectomy \_after social obligations are complied

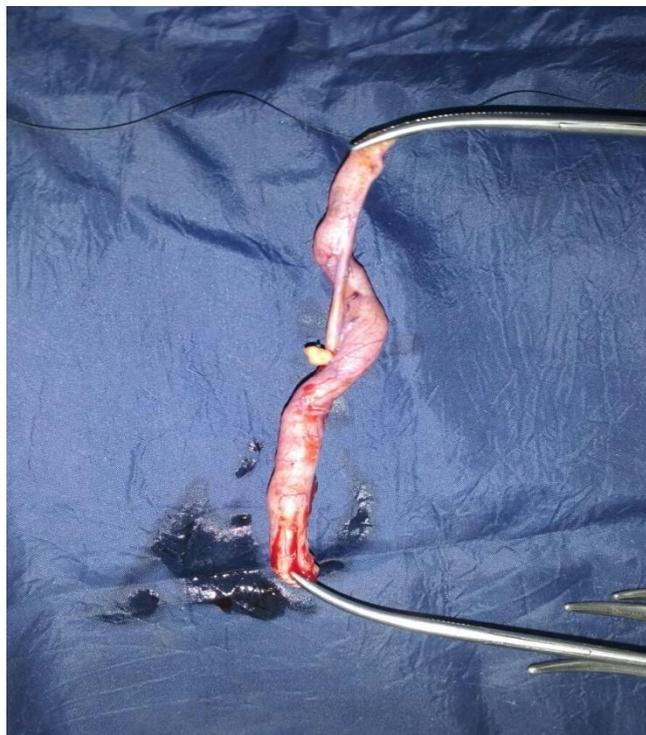
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### I. Summary of the case

18 yrs old young boy studying in polytechnic school was suffering from lower abdominal pain ,mild fever vomiting for one week He was treated with antipyretics analgesic antibiotics iv fluids for three days else where symptomatically without specific investigation and diagnosis Patient felt some relief of symptoms o/e patient was comfortable temp 99.8 f vitals normal abdomen normal no distention Rt iliac fossa \_moderately tender Pain not radiated No free fluid Haematology show leucocytosis 17 000 cells polymorphs 70% lymphocyte 28% Urine examination normal x ray chest nil abnormal Us scan abdomen

Appendix was inflamed elongated in pelvic position No fluid collection No omental adhesions No signs of perforation and abscess formation Reported as recurrent appendicitis

The boy was treated with parenteral ceftriaxone tazopactum metrogl and iv metrogl and fluids for four days Signs and symptoms subsided Patient was comfortable He was advised milk curd Rice boiled egg rice kanchi vegetables ,bland diet for one month The boy was attending school without disturbance to curriculum .Reviewed after a month with haematology and us scan report There was no active inflammation .Once pathologically traumatized appendix will flare up any time sequel to any infection He was pressed to undergo elective appendicectomy . Operative findings \_The appendix was unusually lengthy 13 cm long[2] turgid no adhesions tip was in pelvis easily secured .Appendicectomy was performed followed by antibiotics in the post operative period sutures were removed on 7<sup>th</sup> pod .wound healing was good Figure 1





## II. Discussion

Until the dawn of new millennium appendicitis remained as a formidable threat of acute emergencies. Diagnosis was based on correlation of symptoms history and lab report with complaints. Decision for emergency appendectomy was arrived at relied on clinical signs pertaining to MacBurny's point tenderness on palpation. Per operative picture would be embarrassing some times. Omental adhesions mass formation perforation focal peritonitis abscess formation etc would be surprises.

Once the antibiotics were penicillin tetracycline metronidazole, sulfadiazine and amino glycosides only Medical HRD was meager so that appendicitis blew out of proportion. Today the trend is changed cephalosporin family group antibiotics revolutionised treatment modalities. As far as appendicitis is considered basic clinic offered parenteral higher antibiotics and iv fluids. This kind of first aid treatment prevents deterioration of complication of appendicitis to the worst. Safety is assured.

With regard to teen aged boy in the study his acute phase of appendicitis was controlled to large extent by indiscriminate use of higher antibiotics in the basic clinic. This helped prevent onset of recorded complications such as mass formation adhesions perforation peritonitis and abscess formation etc. Higher health care service providers are able to diagnose accurately with the help of us, CT scan and specific lab investigations in the sub acute and chronic phase. Safety margin for the patient is further increased. Had there been no perforation, non operative medical treatment could be advised buying time for definitive surgical treatment. Students Executive s Traders and others can choose their favorable time for surgery complying their social obligations after conservative medical treatment for acute phase.

The patient in study is showed another interesting point [2] Average length of appendix is about 8cms. The patient's appendix size was 13 cms. The mesentery was proportionately wide. Abnormal mobility because of wide mesentery and kinking sequel to abnormal length and pelvic position would have precipitated appendicitis.

Emergency appendectomy is not mandatory in the era of imaging and antibiotics revolution. Acute phase can be treated by conservative medical treatment [1]. After medical treatment safety margin of the patient is increased. However definitive elective surgical treatment must be done in the patient's convenient time.

## Reference

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