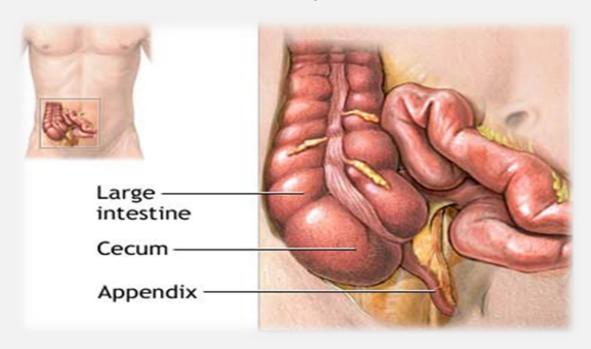
## ACUTE APPENDICITIS

### INTRODUCTION

### **APPENDIX**

- This 3 1/2-inch-long tube of tissue extends from your large intestine on the lower right side of your body.
- Location of the base of the appendix is relatively constant, located roughly between the iliocecal valve and the apex of the caecum.

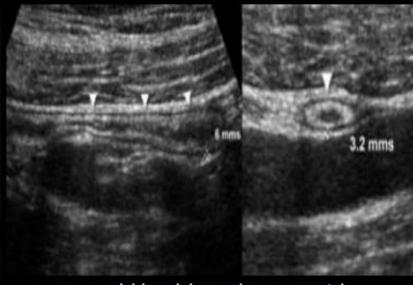


### **NORMAL APPENDIX**

# CT SCAN

CT scan after oral contrast administration in 32-year-old woman with normal appendix. Note normal appendix with intraluminal enteric contrast material and gas (arrows). Appendix wall is nearly imperceptibly thin.

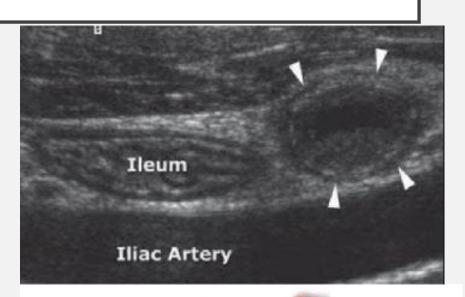
### **ULTRASOUND**

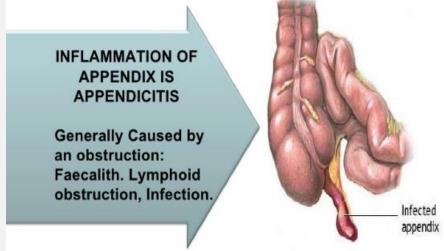


34-year-old healthy volunteer with a normal appendix. A and B, longitudinal (A) and transverse (B) sonogram, showing the appendix (arrowheads) with a diameter less than the 7 mm cutoff point, surrounded by normal noninflamed fat.

### **APPENDICITIS**

- Inflammation of the appendix.
- Acute appendicitis occurs when the appendiceal lumen is obstructed, leading to fluid accumulation, luminal distention, inflammation, and, finally, perforation.
- Obstruction may be caused by :
- √ lymphoid hyperplasia (60%)
- ✓ appendicolith
- √ foreign bodies
- √ Crohn's disease
- ✓ other rare causes, tumor



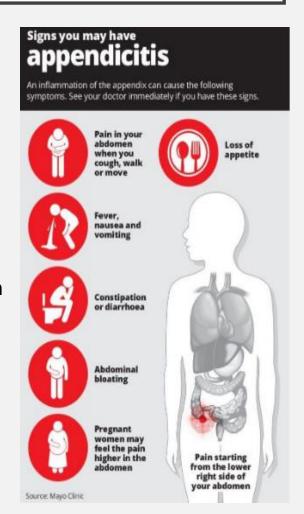


### SYMPTOMS OF APPENDICITIS

- Right lower quadrant pain on palpation (the single most important sign )
- Loss of appetite
- Nausea and vomiting soon after belly pain begins
- Swollen belly
- increased pain with coughing
- Fever

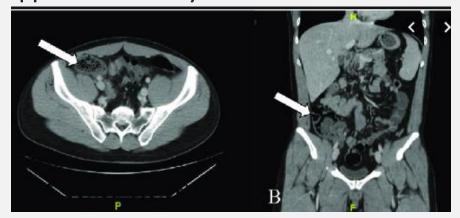
### **Appendicitis Diagnosed**

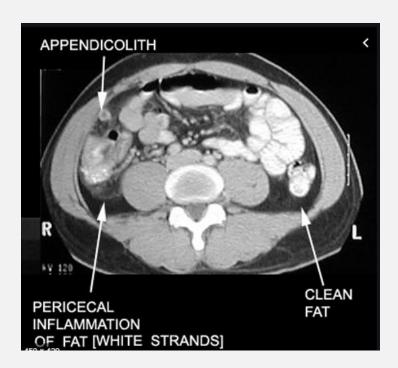
- Examination of your abdomen to look for inflammation
- Urine (pee) test to rule out a urinary tract infection
- Rectal exam
- Blood test to see whether your body is fighting an infection
- CT scans
- Ultrasound



### CT SCAN:

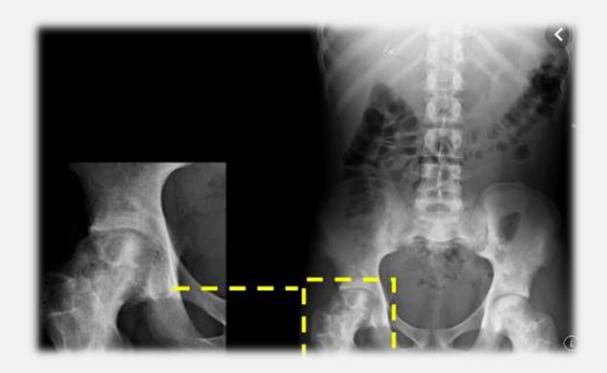
- CT is highly sensitive and specific for the diagnosis of acute appendicitis and allows for alternative causes of abdominal pain to also be diagnosed.
- ✓ Dilated appendix with distended lumen ( >6 mm diameter)
- √ Thickened and enhancing wall
- √ Periappendiceal inflammation
- √ Infilamation of soft tissue
- √ Abscess formation
- √ Appendicolith may also be identified





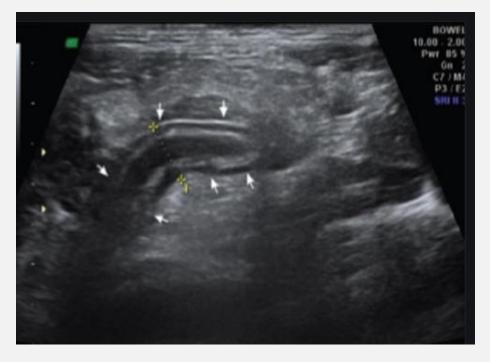
### **Radiography:**

- Abdominal radiographs are normal in many patients with acute appendicitis.
- √ Right lower quadrant mass indenting on caecum
- ✓ Free peritoneal air very uncommon
- √ With perforation
- √ Small bowel obstruction



### **Ultrasound:**

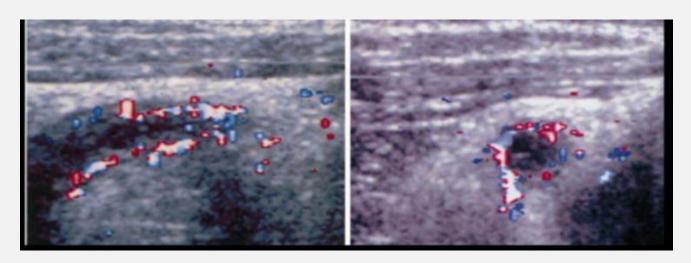
- The maximal appendiceal diameter, from outside wall to outside wall, is greater than 7
  mm
- Target appearance: If fluid is present in the lumen, a fluid-filled center and surrounded by a echogenic mucosa and submucosa and hypoéchoic muscularis, may be seen when imaging in the axial plane
- Shadowing, echogenic appendicolith.





### Color doppler

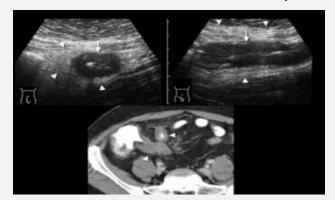
- Peripheral wall hyperemia, reflecting inflammatory hyperperfusion.
- In early inflammation, color flow may be absent or limited to the appendiceal tip.
- Color flow may also be absent in gangrenous appendicitis.
- ☐ In appendiceal perforation hyperemia in the periappendiceal soft tissues or within a well-defined abscess.

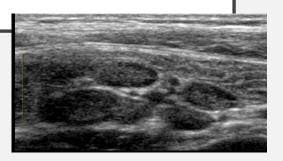


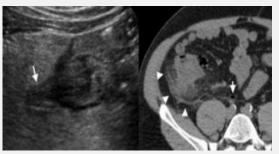
 Longitudinal and transverse US images through an inflamed appendix demonstrate marked hyperemia along the periphery

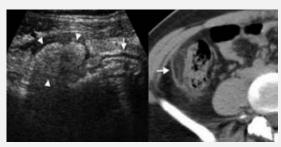
### DIFFERENTIAL DIAGNOSIS

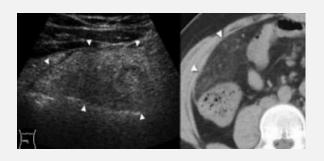
- I. Mesenteric Adenitis: It is a benign inflammation of the ileocolic lymph nodes
- 2. Cecal Diverticulitis: is an uncommon cause of acute abdominal pain
- 3. **Epiploic Appendagitis**: is a rare condition that causes intense stomach pain.
- 4. Omental Infarction : IS an acute vascular disorder which compromises tissue of the greater omentum
- 5. Crohn's Disease: is an inflammatory bowel disease (IBD). It causes inflammation of your digestive tract, which can lead to abdominal pain.





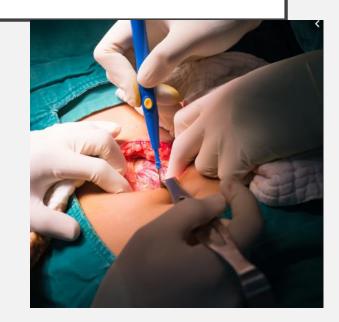






### TREATMENT FOR APPENDICITIS

- Appendicitis is almost always treated as an emergency.
  Surgery to remove the appendix, which is called an appendectomy, is the standard treatment for almost all cases of appendicitis.
- Antibiotics- in appendicitis cover gram negatives (gentamicin/ceftriaxone), enterococcus (ampicillin/vancomycin), anaerobes (metronidazole)



Appendectomy---SURGERY

Laparoscopic or Open Appendectomy

\*\*Plastron appendicitis— delayed appendectomy (6 weeks later)

## END