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CLINICAL STUDY OF PAIN IN RIGHT ILIAC FOSSA

Mohd.Rafik Rao[1], Parikshit Singh Chandawat [2]

[1,2] Senior Resident

[1] Department of General Surgery, S.P. Medical College & AGH, Bikaner, Rajasthan.

[2] Department of General Surgery, S.N. Medical College & AGH, Jodhpur, Rajasthan.

ABSTRACT:

Background: A mass in the right iliac fossa is a common diagnostic problem encountered in clinical practice, requiring skill in diagnosis.

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

Result: In this study of out of 100 cases, 65% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

Conclusion: Appendicular lump remains the most common cause for right iliac fossa mass. Ileocaecal tuberculosis is one of the most important differential diagnoses for pain abdomen in rural population.

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

Introduction

A mass in the right iliac fossa is a common diagnostic problem encountered in clinical practice, requiring skill in diagnosis. A swelling in the right iliac fossa may arise from the structures normally present in that region or from structures, which are abnormally situated in the region[1].

Patient with mass in the right iliac fossa may confront the surgeon, pediatrician obstetrician and gynaecologist. Thorough understandings of the anatomy and pathological processes that may occur within the abdomen are essential for an accurate diagnosis and management. Some patients will need immediate surgical intervention, whereas others will improve with conservative treatment [2-4].

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: Convenience sampling

Inclusion Criteria:

Patients attending the surgical OPD with pain in right iliac fossa

Exclusion Criteria:

Pregnant Women

Terminally ill cancer patients.

Data Collection: All the patients wrer evaluated as per the proforma.

A written and informed consent was taken from the patient after explaining details of treatment modalities.

Corresponding author: Parikshit Singh Chandawat

Clinical diagnosis was confirmed by relevant investigations (routine investigations of blood/urine and ultrasonography and CT scan if required) and patient will be 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 will be analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test.

RESULTS

Maximum (30.00%) patients belong to 21-30yrs age group. 62% patients were male and 38% were female.

Table 1: Incidence of diagnosis of various conditions.

Various conditions	No. of patients
Appendicular mass	52
Appendicular abscess	13
Ileocaecal tuberculosis	14
Carcinoma of caecum	11
Psoas abscess	7
Others	5
Totals	100

In this study of out of 100 cases,65% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 14% cases of ileocaecal tuberculosis.

DISCUSSION

In present study maximum age incidence was in 3rd decade (30%) followed by 2nd decade (20%). It was more common in males than females (1.63:1). According to R.C. Nagar et al[5] appendicular mass was more common in 3rd , 4th and 2nd decades of life. Male to female ratio was 19:4 (4.7:1).

According to R. C. Nagar et al [5], 38 out of 46 cases had rigidity and tenderness was present in 43 out of 46 cases. In present series, history of pain and vomiting is given by all patients. All patients had masses which were tender and firm. More than 65.00% of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

R. C. Nagar et al [5] observed that more than 50% of patients were related to appendicular pathology.

According to Erik Skoubo – Kristensen et al.[6] also observed that 72.00% patients of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

CONCLUSION

Appendicular lump remains the most common cause for right iliac fossa mass. Ileocaecal tuberculosis is one of the most important differential diagnoses for pain abdomen in rural population.

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