

Lower GI



Acute appendicitis

Appendicular mass

Notes by Dr. Fahad Rasool

Final yr. M.B.B.S

F16-040

0300-8121234

⇒ Acute appendicitis :-

→ 27 yr. female presented in emergency with pain in the right lower abdomen for days with anorexia vomiting for 02 days + high grade fever. She is taking antibiotic + paracetamol advised from general practitioner. O/E she is severely tender in the right iliac fossa. Her pulse is 42/min
Temp - 100°C

Diagnosis - Acute appendicitis
D/Diagnosis
Management

Notes by
Fahad

D/Diagnosis

Children



Gastroenteritis
Mesenteric lymphadenitis
Ectopic diverticulitis
Inte ssuptions
Enoch-schonlein purpura
lobar pneumonia

Adults



Acute Pancreatitis
Acute Cholecystitis
R. Acute Pyelonephritis
Ureteric colic
Perforated Ulcer
Testicular Torsion
R. sheath hematoma
PID
Ectopic pregnancy
Torsion of ovarian cyst

Elders



Sigmoid diverticulitis
Intestinal obstruction
Ca-caecum
Mesenteric Infarction
Psoas Abscess
Torsion of A. epiploical

Management

History

Examination - Inspection
Palpation
Percussion
Auscultation.

Investigations:

CBC - ^{Nuclear} Polymorphleukocytosis
WBC - 14000 or more

Urine Analysis - To exclude UTI

Pregnancy Test - To rule out ectopic pregnancy

Radiograph - x-ray

Ultrasound Abd.

Ultrasound Pelvic

Contrast enhanced CT

Diagnostic Laparoscopy

Alvarado Scoring system

< 5 = No appendicitis

5-6 = Confirm through Contrast CT

7 = Acute appendicitis.

Treatment :

Appendectomy:

Conventional open appendectomy
Laparoscopic appendectomy.

⇒ Appendicular Mass

→ A 21 yrs. old male presents with right lower quadrant pain for last 03 days with nausea and vomiting. He is also febrile with Pulse rate of 100/min. O/E there is a tender 6x8 cm mass palpable in the right lower quadrant.

→ A 40 yr female presents with intermittent Abdominal pain, anorexia and weight loss for past 06 months. Examination reveals anemia and slightly tender mass in the right lower quadrant.

Diagnosis - Appendicular mass

D/D

Management

D/Diagnosis :

Carcinoma of caecum

Ileocaecal TB

Crohn's Disease

Actinomyosis

Twisted ovarian cyst

Ovarian Carcinoma

IDiac Lymphadenitis

Management :

Standard Treatment is Conservative Rx.

“Oschner-Sherren Regimen”

- Record patient General condition

- NPO (Patient)

- Record Pulse 04 hourly

- Record temperature 04 hourly

- IV Fluids (Maintain fluid Balance)

Notes by Fahad

Prognosis or Improvement signs:

↓

At about 5th day

PT - desires for food

Pulse reaches to normal

Temperature reaches to normal

↓ mass size.

criteria for stopping conservative Rx

↑ Pulse rate

↑ Abdominal pain

↑ size of mass

Vomiting.

Now - Abdominal USG
CT-scan } For identify area for
percutaneous drain.

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