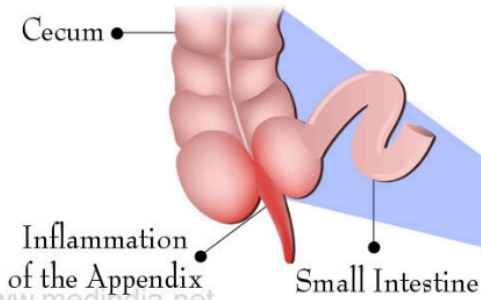


APPENDICITIS



A medical condition in which the **appendix becomes inflamed**, often resulting from an infection or blockage. This condition causes pain in a one's lower right abdomen. If untreated, appendicitis can result in a ruptured appendix which will spread the infection throughout the abdomen and become **life-threatening**.⁸

SIGNS/SYMPTOMS ¹

- Pain in epigastric or R lower quadrant.
- R thigh, and/or R groin area pain.
- Nausea, vomiting
- Dysuria (painful/ difficulty urinating)
- Low-grade fever
- Anorexia
- (+) McBurney's, rebound, hop test.
- (+) Rovsing sign, Obturator sign, psoas sign.

RISK FACTORS ^{1,2}

Modifiable: diet, access to healthcare for correct dx., crohn's disease, ulcerative colitis.

Non-Modifiable:

- Ages 10-30 years old
- Men: woman – 3:2
- Family history of appendicitis
- Cystic fibrosis

EPIDEMIOLOGY ^{1,6,8}

Who is affected: More common in adolescents (teenagers) and individuals in their twenties. Men 1.4 X more likely than women.

How many: 1/1,000 individuals in the U.S. are affected by appendicitis every year (7% of individuals in the U.S)

Currently appendicitis is decreasing in prevalence in the U.S., possibly due to an increase in fiber intake.

PHYSICIAN REFERRAL ^{1,8}

IMMEDIATE MEDICAL ATTENTION is always required for suspected appendicitis in order to reduce the risks associated with a rupture.

ROLE OF THE APPENDIX ^{1,3}

The appendix, also known as the vermiform process, has been labeled a vestigial organ. This means that at one time this organ may have been used by humans, but currently has no known function. Although new research shows it has some function in one's immune system by helping rebalance bacteria after a GI disease.

CAUSE OF APPENDICITIS ⁸

- Vestigi

COMPLICATIONS OF APPENDICITIS ⁶

If left untreated appendicitis can have severe complications, including a rupture which can lead to sepsis and increase one's risk of death. If the perforated appendix becomes walled off it can become an abscess (pocket of infection) that can cause severe discomfort and infection.

DIAGNOSIS/PROGNOSIS ^{3,4}

Abdominal Exam

McBurney's Point: Pt. is supine, gently palpate 1/2 distance from ASIS to the umbilicus. Access for pain and tenderness.

Blumberg's Sign (Rebound Tenderness): Broad hand over the RLQ. Press down gently and deeply for 15 – 30 secs then QUICKLY remove pressure. Access for increased pain with removal of pressure.

Pinch and inch: Grasp skin over McBurney's point and release. Access for increased pain when releasing skin.

Other Medical Diagnosis: Abdominal ultrasound, urine tests, CT Scan, blood test, MRI. CT scan is the * Gold Standard*, professionals tend to use ultrasound on children/pregnant individuals.

Prognosis

- Mortality rate of 0.2-0.8% due to complications associated with appendicitis
- Perforation rate in children (40-57%), >50 years (55-70%).

TREATMENT ^{5, 7}

Immediate appendectomy: surgical removal of the appendix. The surgery can be laparoscopic or an open incisional surgery. If perforation occurred, draining of abscess must proceed removal. Surgery is recommended for all individuals that have appendicitis along with antibiotics to reduce spread of infection.

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PHYT 798: Advanced Cases and Differential Diagnoses

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