

Removed but Still Remembered: Evaluation of Post Appendicectomy Pain

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Abstract

Aim: The aim of this study was to find out the various causes that lead to persistent pain even after appendicectomy.

Methods: This study was conducted in a rural teaching hospital in West Bengal over a period of three years. Thirty six patients were evaluated. The data collected included patients' demographics, age, gender, presenting symptoms and investigations.

Results: There was a total of 36 cases; 22 females and 14 males. The majority were in the age group of 20-40 years. All the patients had been operated for acute appendicitis in the emergency. On careful evaluation, functional causes were found in 8 patients. Out of the remaining 28 patients, urological causes were common in males, whereas gynaecological causes were common in females. We found one patient with diagnosis of stump appendicitis on radiological examination. This patient ultimately underwent surgery.

Conclusion: To conclude, post appendicectomy pain may be due to various causes. Majority are organic though some may be functional. All cases should be carefully evaluated. Stump appendicitis though rare should be kept in mind.

Key Words: Post appendicectomy pain, Stump appendicitis, Right iliac fossa pain

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I. Introduction

Acute Appendicitis is a common inflammatory condition in the right lower abdomen. Appendicectomy is the commonest emergency surgery performed. Although stump appendicitis is a complication after appendicectomy, it is very rare, while wound infection, pelvic abscess and adhesive band obstruction are more commonly seen among others (1), but all patients are not relieved of these symptoms following surgery (2). Few patients continue to visit the surgical out patient department for pain in the right iliac fossa, even months after appendicectomy (3). The aim of this study was to find out the various causes that lead to persistent pain even after appendicectomy.

II. Methods

This study was conducted in a rural teaching hospital in West Bengal over a period of three years. The aim was to evaluate the patients who complained of persistent pain after undergoing Appendicectomy. The patients were investigated to find out the underlying organic cause. Functional patients were sent for psychological evaluation.

INCLUSION CRITERIA:

- Patients above 12 years with pain in right iliac fossa who were operated for appendicitis.

EXCLUSION CRITERIA:

- Pregnant women.
- Patients with right iliac fossa mass.

The data collected included patients' demographics, age, gender and presenting symptoms and investigations.

III. Results

There was a total of 36 cases; 22 female and 14 male. The majority were in the age group of 20-40 years. All the patients had been operated for acute appendicitis in the emergency. On careful evaluation, functional causes were found in 8 patients. Out of the remaining 28 patients, urological causes were common in males, whereas gynaecological causes were common in females. The results have been given in Table-1. We found one patient with clinical diagnosis of stump appendicitis on radiological examination. This patient ultimately underwent surgery.

TABLE 1:

Causes	Male	Female	Total
Gynaecological	0	7	7
Urological	6	4	10
Mesenteric adenitis	3	3	6
Adhesions	0	2	2
Gastroenteritis	2	0	2
Stump appendicitis	1	0	1
	12	16	28

IV. Discussion

Right iliac fossa pain is so synonymous with acute appendicitis that it becomes a dilemma when a patient with a history of appendectomy presents with right iliac fossa pain. The first appendectomy was performed in 1735 by Claudius Amyand, and in 1886, Reginald Fitz described the clinicopathological features, while Rose described stump appendicitis for the first time in 1945 (1,4).

In our study we found that the percentage of females were more than males. Piper et al (5) have shown that the diagnostic accuracy for appendicitis is low in female patients than in males. Their study of 1018 cases showed that the diagnosis was correct in 77.7% of the males and 58% of the females with error in diagnosis of 22.3% with males and as high as 42% with females. The main reason behind it is the presence of gynaecological disorders (3).

Two female patients underwent diagnostic laparoscopy for persistent pain in right iliac fossa. Intra-operative findings were adhesions at the base of the appendix. They underwent adhesiolysis and got relieved of their symptoms. Lamture et al (2) in his study got similar results.

Stump appendicitis is a rare complication with a reported incidence of 1 in 50000 cases (6, 7, 8). It is an acute inflammation of the residual appendicular stump and has high morbidity. Diagnosis can be made through ultrasound and CT scan (6). Surgical intervention to remove the stump is typically the preferred treatment as was done in our case. However cases of successful medical management has been recorded (1, 6, 7, 9).

To conclude, post appendectomy pain may be due to various causes. Majority are organic though some may be functional. All cases should be carefully evaluated. Stump appendicitis though rare should be kept in mind.

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