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A Retrospective Study on Mass in Right Iliac Fossa in Government Mohan Kumaramangalam Medical College and Hospital, Salem

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ABSTRACT
AIM: *To study the relative incidence of various disease which can present as mass in right iliac fossa, age and sex distribution of various disease, diseases causing intestinal obstruction , diseases causing fistula formation.*
METHODS: *The materials used in the study are 50 case sheets of patients diagnosed as mass in right iliac fossa based on clinical signs backed up by radiological findings and operative findings in Government Mohan Kumaramangalam Medical College and Hospital, Salem during January 2019 – January 2020.*
RESULTS: *Appendicular mass is the most commonly presenting condition as mass in right iliac fossa. Males are predominantly affected by mass in right iliac fossa. Since majority of the cases are appendicular mass peak incidence in our study occurred in 3rd decade. Ileocaecal tuberculosis were most common in the 4th decade. Psoas abscess were most common in the 2nd decade. Carcinoma caecum common in 5th decade in our study. Appendicular mass and ileocecal tuberculosis presented as intestinal obstruction and complicated as enterocutaneous fistula.*
CONCLUSION: *Males were affected more and M:F ratio was 2.5:1. Appendicular pathology either in the form of appendicular mass or appendicular abscess was the most common condition presenting as mass in the right iliac fossa closely followed by ileocaecal tuberculosis, psoas abscess and carcinoma caecum. Most of the clinical diagnosis could be confirmed by USG studies and in few cases patients were subjected to C.T. abdomen diagnosis. This shows that USG can diagnose most of the conditions presenting as right iliac fossa mass. Most of the cases presenting with mass in the right iliac fossa were managed surgically which turned out to be the most effective management while very few cases were managed conservatively.*

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I. Introduction

Mass in the right iliac fossa is not an uncommon entity. Patient with mass in the right iliac fossa may present to the surgeon, Paediatrician, obstetrician and gynecologist. A thorough understanding of the anatomy and pathological processes that may occur within the abdomen are essential for an accurate diagnosis and plan of treatment. Some patients will require immediate surgical intervention, whereas others will improve with conservative treatment. The purpose of the present study is to recognise certain well defined clinicopathological entities and the relative incidence of various pathologies, who presented with mass in right iliac fossa to Government Mohan Kumaramangalam Medical College and Hospital over the last 1 year from January 2019 to January 2020.

Structures normally present in the right iliac fossa are appendix, caecum,terminal ilium, part of ascending colon, iliac lymphnodes, iliac vessels, retroperitoneal connective tissue, iliopsoas muscle and sheath. Appendix, caecum and terminal part of ilium form an important surgical anatomic composite. Structures which can abnormally present in the region are unascended or dropped kidney, undescended testes, masses from uterus and its appendages, bladder, gall bladder, etc.

II. Aims And Objective

To study the relative incidence of various disease which can present as mass in right iliac fossa, age and sex distribution of various disease, diseases causing intestinal obstruction , diseases causing fistula formation.

III. Materials And Methods

STUDY AREA
Government Mohan Kumaramangalam Medical College and Hospital

STUDY POPULATION

The materials used in the study are 50 case sheets of patients diagnosed as mass in right iliac fossa based on clinical signs backed up by radiological findings and operative findings in Government Mohan Kumaramangalam Medical College and Hospital, Salem between January 2019 – January 2020.

INCLUSION CRITERIA

Patients above 12 years who presented with RIF mass as per clinical signs backed by radiological evidence and operative findings.

EXCLUSION CRITERIA

Children below 12 years of age.
Female patients with pathologies related to uterus and its appendages.
Masses arising from parietes (anterior abdominal wall) and bone in that region.

STUDY PERIOD

January 2019 – January 2020

SAMPLE SIZE

50 cases

All patients eligible by inclusion and exclusion criteria are to be included in the study.

STUDY DESIGN

A Retrospective study is to be conducted on patients admitted in surgical wards of Government Mohan Kumaramangalam Medical College and Hospital, Salem with diagnosis with mass in right iliac fossa.

METHODS

The case sheets of patients diagnosed as having mass in right iliac fossa based on clinical signs backed up by radiological evidence and operative findings were taken from the medical records department for the study. The relevant history and clinical findings of each case were noted in the proforma.

IV. Results

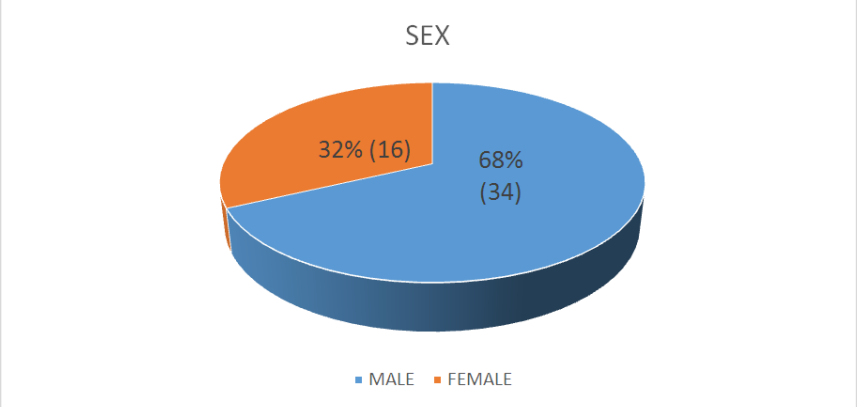
INCIDENCE OF VARIOUS DISEASE PRESENTING AS MASS IN RIGHT ILIAC FOSSA

SL NO.	DIAGNOSIS	NO. OF CASES	PERCENTAGE
1	Appendicular mass	40	80%
2	Appendicular abscess	5	12.5%
3	Ileocaecal Tuberculosis	2	5%
4	Psoas Abscess	2	5%
5	Carcinoma Caecum	1	2.5%

AGE INCIDENCE

SL NO.	NO. OF CASES	11-20 YEARS	21-30 YEARS	31-40 YEARS	41-50 YEARS	51-60 YEARS	ABOVE 60 YEARS
1	Appendicular mass	6	14	6	5	6	3
2	Appendicular abscess	1	2	1	-	1	-
3	Ileocaecal Tuberculosis	2	-	2	-	-	-
4	Psoas abscess	2	-	-	-	-	-
5	Carcinoma Caecum	-	-	-	1	-	-

SEX INCIDENCE



SL NO.	DIAGNOSIS	MALE	FEMALE
1	Appendicular mass	28	12
2	Appendicular abscess	3	2
3	Ileocaecal Tuberculosis	1	1
4	Psoas Abscess	1	1
5	Carcinoma Caecum	1	-

CASES PRESENTING WITH INTESTINAL OBSTUCTION

SL NO.	DIAGNOSIS	NO. OF CASES	PRESENTING WITH INTESTINAL OBSTRUCTION
1	Appendicular mass	40	2
2	Appendicular abscess	5	-
3	Ileocaecal Tuberculosis	2	1
4	Psoas Abscess	2	-
5	Carcinoma Caecum	1	-

CASES COMPLICATED WITH ENTEROCUTANEOUS FISTULA

SL NO.	DIAGNOSIS	NO. OF CASES	COMPLICATED WITH ENTEROCUTANEOUS FISTULA
1	Appendicular mass	40	1
2	Appendicular abscess	5	-
3	Ileocaecal Tuberculosis	2	1
4	Psoas Abscess	2	-
5	Carcinoma Caecum	1	-

V. Discussion

In our study between 2019 – 2020 we analysed 50 cases presenting with Right Iliac Fossa Mass. About 92.5% of the cases arised from appendix which includes both Appendicular mass(80%) and Appendicular abscess (12.5%).

Males predominantly presented with right iliac fossa mass.(68%)

Right iliac fossa mass most commonly presented in 3rd decade. Appendicular masses commonly presented in 3rd decade.

We came across 2 cases of Ileocaecal tuberculosis and both of them presented in 4th decade, 2 cases of Psoas abscess and both of them preseted in 2nd decade and 1 case of Carcinoma Caecum presented in 5th decade.

Of the 40 cases of Appendicular mass 2 cases presented with intestinal obstruction and of 2 cases of Ileocaecal Tuberculosis 1 case presented with intestinal obstruction.

Of the 40 cases of Appendicular mass 1 case complicated as enterocutaneous fistula ans of 2 cases of Ileocaecal tuberculosis 1 case complicated as enterocutaneuos fistula.

VI. Conclusion

We retrospectively studied 50 cases of mass in Right iliac fossa

1. Males were affected more and M:F ratio was 2.5:1.

2.Appendicular pathology either in the form of appendicular mass or appendicular abscess was the most common condition presenting as mass in the right iliac fossa closely followed by ileocaecal tuberculosis, psoas abscess and carcinoma caecum.

3. Most of the clinical diagnosis could be confirmed by USG studies and in few cases patients were subjected to C.T. abdomen diagnosis. This shows that USG can diagnose most of the conditions presenting as right iliac fossa mass.

5. Most of the cases presenting with mass in the right iliac fossa were managed surgically which turned out to be the most effective management while very few cases were managed conservatively.

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