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Post Appendectomy Syndrome

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Summary: *On the basis of my experience of more than twenty years surgical practice, I have found that a large number of patients suffer from persisting right lower abdominal pain after appendectomy. This perplexing situation created a lot of social and financial problems, particularly in a developing country like ours. This ultimately leads to a human tragedy and insult to medical science.*
I planned a research work to study this problem. Based on this work, I am of the opinion that it is largely a mismanagement on the part of surgeons which is the cause of this human suffering. The research article is already published in international journal. I have made a text from this research which is a new concept in surgical practice.
Keywords*: Right iliac fossa pain, Appendectomy, Syndrome, Investigations.*

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I. Introduction

Appendicitis is a common surgical problem, may be commonest when one considers all misdiagnosis related to appendicitis. The problem of this syndrome arises because of taking this clinical condition lightly. Common concept is that diagnosis of appendicitis is very easy and straight forward. More over management of this condition, appendectomy, is a relatively easy procedure in most of the cases. And this is the trap which catches most of the surgeons. By doing so specificity of diagnosis reduces markedly. Syndrome can be defined as " a set of symptoms that occur together " (Dorland's). Appendicitis has a specific group of clinical features. Most of the times surgeons neglect them. Any complaints relating to lower abdomen is thought to be of appendicular origin. Moreover appendicitis has a large number of differential diagnoses, which most of the time is forgotten. A variety of lower abdominal pain is often considered to be of appendicular origin. That is why it is called syndrome. Base line investigations should not be forgotten. Investigations are important to rule out appendicitis like conditions. The decision to operate should be taken very judiciously. Some of the patient have 'appendix phobia'.

II. Definition

The persistence or recurrence of right lower abdominal pain following diagnosis and management of appendicitis is known as post appendectomy syndrome (PAS).

III. Pathogenesis

To understand the pathogenesis of PAS we must understand the origin of right lower abdominal pain. Keeping in mind the appendicitis, the source of right lower abdominal pain can be classified into three groups: 1. Pain arising from a pathological appendix. 2. Pain arising from other structures of right lower abdomen e.g. caecum, terminal ileum, mesenteric lymph nodes, right ovary , uterine tube and parametrium. 3. Pain arising from distant sites e.g. referred pain from spine viz prolapsed disc, radiating pain from right ureter. Whenever a diagnosis of appendicitis is made, all these sources of pain must be considered. This will reduce the incidence of PAS.

IV . Aetilology

The aetiology of PAS can be classified into two groups. 1. Pre operative misdiagnosis. 2.Post operative complications.

1. Preoperative misdiagnosis: A. Congenital conditions – missed Meckel's diverticula, congenital renal malformations e.g. horse shoe kidney, unascendent kidney [2]. B. inflammatory conditions –non-specific c mesenteric lymphadenitis, Crohn ileitis, ileocecal tuberculosis, cholecystitis. [3], worm (enterobiasis), amoebic typhlitis. C. Urological – ureteric stone [1], tubercular cystitis. D. Gynaecological – right salpingo oophoritis, small right ovarian cyst. E. Neurological – prolapsed intervertebral disc producing radiating spinal pain. F. psychosomatic –'appendix phobia' and hysterical pain.

2. Postoperative complications: A. operative scar tenderness. B. intra abdominal adhesion formation between caecum and anterior abdominal wall[1]. C. stump appendicitis. D. injury or entrapment neuropathy of iliohypogastric nerve[4]. E.left over foreign body in the wound (an broken injection needle)[5]

V. Clinical aspects

Appendicitis is best diagnosed by a detail history taking and thorough clinical examination. The problem arises when we neglect this golden rule. Particularly vulnerable subject is a young female patient.
All the classic symptoms and signs may not be present every time but features of other conditions can be differentiated by an attentive surgeon.

VI. Investigations

Suggested protocol to avoid PAS :
Essential investigations:
1.Blood – total and differential count of WBC, ESR, sugar, urea, HIV, HbSAg.
2.Urine – routine and microscopic exams.
3. Abdominal imaging – ultrasonography.

As required investigations:
4. Abdominal imaging – C T scan, X Ray abdomen.
5. Barium meal follow through examination .
6. Laparoscopy – pre or post operative .
7.Colonoscopy.

VII . Management

Prevention is better than cure is applicable to this syndrome. Pre operative misdiagnosis should be avoided. If already done, prompt decision should be taken to manage the missed diagnosis e.g. removal of a ovarian cyst. Physiotherapy is effective for management of spinal neuropathic pain.
So fur as post operative conditions are concerned, laparoscopic adhesio lysis is very effective. For entrapment neuropathy surgery may be required. Scar tenderness improves in time or by intrascar triamcinolone injection.

VIII. Conclusion

This is a significant clinical problem in our country. Major cause of this is a casual and insincere approach to this condition. As in most of the cases appendectomy is a relatively simple procedure, surgeons readily perform this without giving due attention to proper diagnosis. Monetary benefit is another factor. Most surgeons consider this procedure as a easy way of earning money. But they should respect their profession, patients and those great surgeons of the past who have made our surgery so noble.

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