



CLINICAL STUDY OF PAIN IN RIGHT ILIAC FOSSA

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ABSTRACT

Background - A mass in the right iliac fossa is a common diagnostic problem encountered in clinical practice, requiring skill in diagnosis.

Methods- 100 patients with signs and symptoms of right iliac fossa mass admitted in Hospital were identified and were studied by taking detailed clinical history, physical examination and were subjected to various investigations like x ray erect abdomen, chest x-ray, contrast x-ray .

Result- In this study of out of 100 cases, 72.00% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 9.00% cases of ileocaecal tuberculosis.

Conclusion- Appendicular lump remains the most common cause for right iliac fossa pain. Ileocaecal tuberculosis is one of the most important differential diagnoses for pain abdomen.

KEYWORDS : Appendicular Mass, Ileocaecal Tuberculosis, Carcinoma Caecum, Right Iliac Fossa Mass.

INTRODUCTION

Patient with mass in the right iliac fossa may confront the surgeon, pediatrician obstetrician and gynaecologist . There is a long list of surgical and medical problems including right ureteric colic, nonspecific mesenteric lymphadenitis, ruptured ectopic gestation, pelvic inflammatory disease, ruptured functional ovarian cysts, amoebiasis, viral gastroenteritis, acute cholecystitis, perforated duodenal ulcer, Crohn's colitis, right basal pneumonia etc which can present as acute pain in R.I.F and can create a diagnostic problem.¹⁻⁶ So the familiarity with the conditions other than appendicitis presenting as acute pain in R.I.F as well as their management is very important.

MATERIAL AND METHODS

Study Design: Hospital prospective based study.

Study Population: All patients with pain in right iliac fossa .

Sampling Method: Random sampling

Inclusion Criteria:

Patients attending the surgical OPD with pain in right iliac fossa.

Exclusion Criteria:

- Pregnant Women
- Terminally ill cancer patients.

Data Collection:

A written and informed consent was taken from the patient after explaining details of treatment modalities. Clinical diagnosis was confirmed by relevant investigations (routine investigations of blood/urine and ultrasonography and CT scan if required) and patient will be managed appropriately. After confirming the diagnosis and depending on patient's condition appropriate surgery was performed if necessary.

Data Analysis:

To collect required information from eligible patients a pre-structured pre-tested Proforma was used. For data analysis Microsoft excel and statistical software SPSS was used and data will be analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test .

RESULTS

Table 1. Socio-demographic Profile

Mean age	31.23±16.03 Yrs
Sex(Male:Female)	65:35

Mean age of patients was 31.23±16.03 Yrs. 65.00% patients were male.

Table 2. Incidence Of Diagnosis Of Various Conditions

Various conditions	No. of patients
Appendicular mass	57
Appendicular abscess	15
Ileocaecal tuberculosis	9
Carcinoma of caecum	8
Psoas abscess	6
Others	5
Totals	100

In this study of out of 100 cases, 72.00% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 9.00% cases of ileocaecal tuberculosis.

DISCUSSION

In this study of out of 100 cases, 72.00% of cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess. There were 9.00% cases of ileocaecal tuberculosis.

R. C. Nagar et al⁷ observed that more than 50% of patients were related to appendicular pathology.

According to Erik Skoubo – Kristensen et al.⁸ also observed that 72.00% patients of pain right iliac fossa cases were related to appendicular pathology either in the form of appendicular mass or appendicular abscess.

CONCLUSION

Appendicular lump remains the most common cause for right iliac fossa pain. Ileocaecal tuberculosis is one of the most important differential diagnoses for pain abdomen.

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