



A BLACK MOLE IN MC BURNEYS POINT IN APPENDICITIS - A CASE CONTROL STUDY

General Surgery

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ABSTRACT

Background A black mole in the MC BURNEYS point is seen in most of the appendicitis patients. This mole is just a benign skin lesion (cluster of melanocytes) which do not affect any other viscera or parts of skin, further in short course. **Methodology** An observational study was done among the patients diagnosed with appendicular pathology in Sri Lakshmi Narayana Institute of Medical Science, for the presence of black mole in MC BURNEYS point. About 100 individuals were divided into two groups(A&B), 50 in each group. Group A individuals were patients with appendicular pathology (test group). Group B were normal individuals (control group). The study participants were examined and results are discussed. **Results** In this study, among group A individuals, maximum number of individuals have a black mole in MC BURNEYS point and a minimum do not had. In group B maximum number of individuals do not had a black mole and a minimum do had a mole. This study shows that individuals with appendicular pathology have a black mole in MC BURNEYS point. **Conclusion** Systematic clinical observations which are derived from our study was done by the rules which were predicted clinically. Acute appendicitis is the most common intra-abdominal surgical emergency. There was a high incidental finding of black mole in the MC BURNEYS point in patients with appendicular pathology than in normal individuals.

KEYWORDS

Appendicular pathology- Black mole – MC BURNEYS POINT

INTRODUCTION:

Acute appendicitis is the most common intra-abdominal surgical emergency and leads to approximately 250000 appendicectomies performed in the United States every year ^[1]. Although acute appendicitis can be readily managed with an appendectomy with very little morbidity, it can lead to intra-abdominal catastrophe with high morbidity when misdiagnosed.

Appendicitis is a most common disease seen among the adolescent and young adults. The incidence of appendicular pathology is high in age group between 10–19 years; however, the rates of perforation are high in extremes of age groups (young and old ages) ^[9].

Acute appendicitis is the most common cause of patients coming to casualty with acute abdominal pain which may require surgery, with a lifetime risk of about 7% ^[1]. Appendicitis symptoms overlap with a number of other abdominal pathologies, diagnosis will be little trickier and challenging, at an early stage of presentation ^[2]. Patients with the suspicion of appendicitis should be selected appropriately and if not, the need for other management options such as reassurance, pursuit of an alternative diagnosis or observation/admission to hospital.

In case admission in hospital, suitable imaging modality may be needed before planning for an appendectomy ^[3]. The presenting symptoms may vary patients to patients and it is often difficult to note the classical symptoms ^[2].

Letovanec et al ^[2] described a patient presented with right lower quadrant pain and had no history of melanoma with USG findings showing evidence of periappendiceal abscess or tumor. Luminal obstruction or appendiceal obstruction is the most common pathophysiological features of acute appendicitis. As age increases the incidence of appendiceal rupture or complications decreases in elderly age group. If the temperature is >38°C or there is a left shift in leucocyte count >76%, along with decreased appetite, then surgery can be planned ^[5].

A black mole on the MC BURNEYS POINT seen in most of the patients with appendicular pathology. A black mole is a benign lesion in the skin formed by cluster of melanocytes. In this paper we describe about the presence of black mole on the MC BURNEYS POINT in

patients presenting with appendicitis and review our institutional experience with this entity.

Methodology

This study was carried out for a period of THREE years (Jan 2019- Jan 2022) in SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCE AND HOSPITAL, PUDUCHERRY. All patients with APPENDICULAR PATHOLOGY, were included in this study. An informed and written consent was taken from the patients after explaining the nature, methodology and risks involved in this study. The information obtained were kept confidential and patient was given full freedom to withdraw from the study at any point of time. (Patient may undergo USG screening for appendicular pathology and may involves biopsy.) The study participants were examined for BLACK MOLE IN MC BURNEYS POINT. The patient's abdomen was exposed and examination were done. Due consent for examination was obtained properly. All 100 individuals were examined separately and the observed results were noted.

Inclusion criterion :

1. 0-50 years of age
2. All the patients with, right iliac fossa pain, who was diagnosed with appendicular pathology.
3. Individuals willing for study.
4. Individuals ready for consent.

Exclusion criterion:

1. Above 50 years of age.
2. Individual who are not interested in this study.
3. Individuals not willing for consent.
4. Individuals not ready for investigation and further treatment.

Statistical Analysis

Patients with appendicular pathology have a black mole in the MC BURNEYS point. Individuals were divided into two groups as 50 in each group (group A and group B). Group A (50 individuals) are individuals with appendicitis and group B (50 individuals) are normal individuals. In this observational study, group A individuals (appendicitis patients) and group B (normal individuals) individuals were examined for a black mole in the MC BURNEYS point. Out of 100 individuals (total) 76 are male and 24 are female. Age group of the

samples taken are between 0 to 50. In group A, 5 are between 0-10 years of age, 15 are between 10 – 20years of age, 15 are between 20-30years of age, 10 are between 30-40years of age, 5 are between 40-50years of age. In group B 5 are between 0-10 years of age, 10 are between 10 – 20years of age, 25 are between 20-30years of age, 5 are between 30-40years of age, 5 are between 40-50years of age. Out of 100 individuals 70 are male and 30 are female. Among these individuals, observational study been conducted and further outcome is discussed below.

Male And Female Population In Total Sample Group

S.NO		PATIENTS
1	MALE	76
2	FEMALE	24
TOTAL		100

Age Group Table

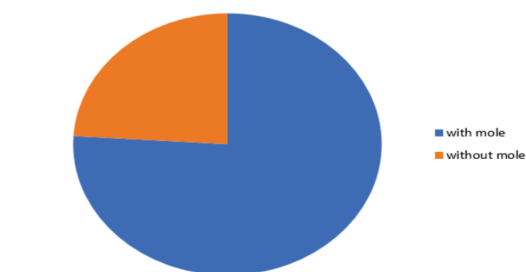
S.NO	AGE GROUP	GROUP A	GROUP B
1	0-10	5	5
2	10-20	15	10
3	20-30	15	25
4	30-40	10	5
5	40-50	5	5
Total		50	50

RESULTS

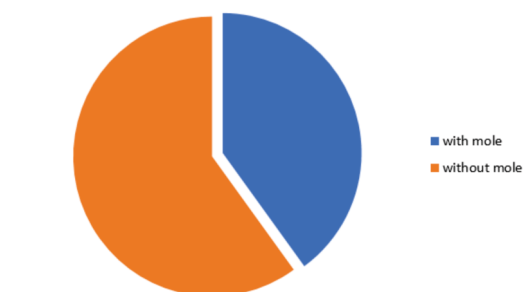
An observational study done between the above mentioned group of samples. In group A 38 individuals (32 are male and 6 are female) have a black mole and only 12 individuals (9 are male and 3 are female) do not have mole in MC BURNEYS point. In group B, 30 individuals (22 are male and 8 are female) do not have a mole and 20 individuals (13 are male and 7 are female) have mole in MC BURNEYS point. As maximum number of individuals from group A have mole and minimum don't and in group B maximum don't have a mole and minimum do have mole in MC BURNEYS point. In this study 45 male & 13 female have black mole in MC BURNEYS point and 31 males & 11 females do not have black mole in MC BURNEYS point. Odds ratio for this study is calculated as 4.75. This shows that patients with appendicular pathology do have a black-mole in the MC BURNEYS point.

Limitations:

1. In a very limited number of normal individuals, there is a black mole in MC BURNEYS point which is unexplained in this study.
2. Some individuals with right iliac fossa pain do not have a black mole in MC BURNEYS point.
3. Some individuals discontinued the study in between.
4. The majority of patients presenting to hospital with RIF pain did not have appendicular pathology^[10].



Group A

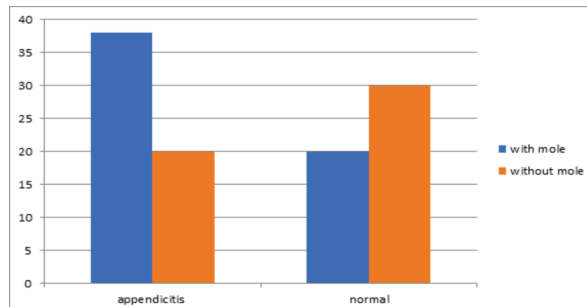


Group B

Final Result Table

GROUP	With MOLE	without MOLE	TOTAL
TEST	38	12	50
CONTROL	20	30	50

Group	With mole		Without mole		Total
	Male	Female	Male	Female	
Test	32	6	9	3	50
Control	13	7	22	8	50
Total	45	13	31	11	100



CONCLUSION

Systematic clinical observations which are derived from our study was done by the rules which were predicted clinically. This helps the treating surgeons to identify the risk groups who require further evaluation and if necessary surgery. Appendicitis is an acute condition for emergency surgery. A black mole in the MC BURNEYS area is seen in most of the appendicitis patients. This mole is just a benign growth in the skin (cluster of melanocytes) and do not affect any other parts or skin further in short course.

Acute appendicitis is the most common cause of an acute abdomen requiring surgery, with a lifetime risk of about 7% [1]. Symptoms of appendicitis overlap with a number of other conditions making diagnosis a challenge, particularly at an early stage of presentation [2]. The objective of clinical prediction rules is to reduce the uncertainty inherent in medical practice by defining how to use clinical findings to make predictions.

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