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Medicine for Managers

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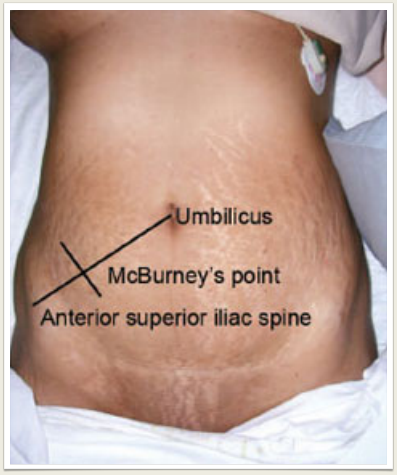
Appendicitis

If you are ever listening to a quiz programme and someone is asked "where is McBurney's Point?" you may guess that it is a rocky promontory somewhere in Scotland. You would be wrong. It is in fact the point at which to insert a scalpel when removing the appendix and it lies one third of the way up a straight line drawn from a point on the hip to the umbilicus on the lower part of the abdomen. Now you know!

McBurney's point is named after the American surgeon, Charles McBurney, who first suggested it in 1889.

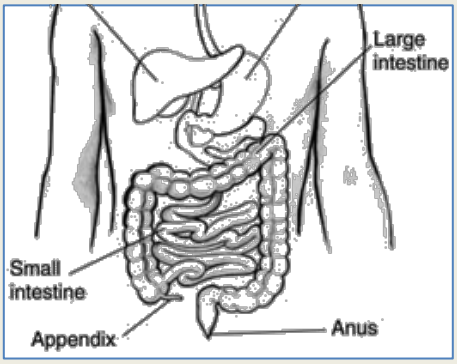


The appendix is a thin, blind-ended tubular structure, about 3-4 inches long, which is normally located on the lower right side of the abdomen at the junction of the small intestine with the large intestine.

Its function remains obscure. Until relatively recently it was thought to be vestigial (i.e. has become small and has lost its function during the process of evolution – its function is to aid digestion of cellulose in ungulates such as cows).

However, more recently it has been suggested that it might be a reservoir for 'good' bacteria and lymphoid tissue has also been identified which might suggest some sort of immunological function.

The removal of the organ does not seem to result in any form of ill-health or confer any disadvantage on anyone who has undergone the operation.



Even the precise cause of appendicitis is not fully understood but it is perceived wisdom that some sort of obstruction of the tube at its

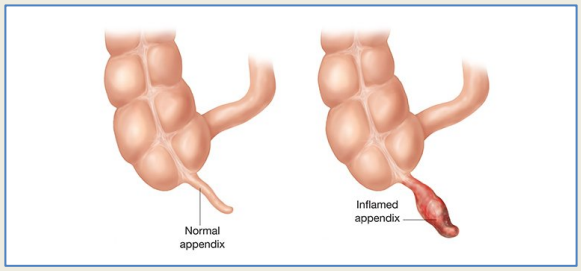
junction with the intestine results in overgrowth of bacteria contained in it.

Such obstruction may result from hard faeces, inflammatory bowel disease or possibly virulent infections.

As a result an ***abscess*** develops in the appendix and the sufferer develops the features of appendicitis.

The symptoms may initially be vague and early features may include:

- central abdominal pain,
- loss of appetite
- low-grade temperature of half a Centigrade degree or so.



Subsequently the person may…

- feel nauseated,
- may vomit
- may experience constipation or diarrhoea.

Over time the pain may move from the centre of the abdomen to the lower right side. The diagnosis is made by examination of the abdomen, where palpation reveals, not only tenderness, but also ***guarding*** (where the abdominal wall is held rigid as it is pressed) and ***rebound tenderness*** (where the pain is exacerbated if the pressure on the abdomen is suddenly released).

There may be a characteristic smell on the breath.

It may also be necessary to undertake a rectal examination when tenderness is found on the right side.

In cases where the diagnosis is uncertain blood tests may be used to identify signs of infection.

Occasionally, where the diagnosis remains obscure, it may be necessary to carry out a CT scan to visualise the appendix.

Almost invariably the treatment of appendicitis is to remove the appendix surgically. This may be done by an open procedure involving a 1-2 inch incision over McBurney's point,

However, increasingly it is done laparoscopically which leaves virtually no scar.

Usually the appendix appears inflamed and swollen but, on occasion, it appears to be healthy. Under normal circumstances, the surgeon will still remove it because it is a simple procedure and it removes the risk of appendicitis in the future.

Sometimes, with a virulent infection or when diagnosis or treatment is delayed the appendix may burst allowing the infection to spread into the abdominal cavity and causing an abscess around the appendix, as the body attempts to seal off the infection to stop it spreading.

If the infection is not localised and it spreads through the abdomen it causes the development of ***peritonitis***.

Sometimes patients experience a 'grumbling appendix'. This is in fact a subacute appendicitis

which can produce non-specific abdominal pain with little in the way of severe or localising features and which may be associated with degrees of intermittent obstruction.

Such attacks may settle without intervention but, if they are recurrent and appendicitis is suspected, the appendix may be removed to eliminate the risk that a subsequent attack may be more acute.

Following surgery the time to complete recovery is about four to six weeks, although it is usually more rapid if the surgery is undertaken laparoscopically.

No special precautions are required in respect of diet or activity once the healing is complete.

Although appendicitis is a medical emergency recovery is usually rapid following an appendicectomy and complications only arise in circumstances where there has been delay in diagnosis and spread of infection, or where the patient is debilitated for other reasons, such as heart disease or lung disease.

With somewhere between 5 and 7 percent of patients having their appendices removed, it remains one of the most commonly performed operations.

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