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Original Research Article

Evaluation of Various Symptoms in Patients with Mass in Right Iliac Fossa in Telangana Population

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Conflict of interest: Nil

Abstract:

Background: Mass in right Iliac fossa is multi pathological entity. Sometimes mass can be treated with conservative treatment; on the other hand surgical emergency of right line fossa is, if not operated on at proper time it becomes life-threatening.

Method: 60 (sixty) adult patients having mass in the right iliat fossa were studied; physical, clinical, pathological, and radiological techniques were used for proper diagnosis. Appendectomy, right hemicolectomy, limited resection, incision, and drainage, and some are treated conservatively.

Results: 35 (58.3%) had appendicular mass, 10 (16.6%) had appendicular abscess, 4 (6.6%) had Ileo-ceacal tuberculosis, 4 (6.6%) had Ca of ceacum, 3 (5%) had Ca of ascending colon, 1 (1.6%) had psoas abscess, 1 (1.6%) had non-Hodgkin's lymphoma. 2 (3.3%) had Intussusceptions, 60 (100%) pain, 33 (55%) had fever, 31 (51.6%) had vomiting, and 6 (10%) had weight loss. 4 (6.6%) had mass, 7 (11.6%) had bowel disturbance, and 4 (6.6%) had Ba Enema. 5 (8.3%) had CT scans, and 2 (3.3%) had CT scans performed. Patients with appendicular mass initially treated with conservative treatment. If not responded surgical corrections are done.

Conclusion: The present study will be helpful to surgeons to differentiate various pathologies and treat efficiently to prevent morbidity and mortality.

Keywords: Appendicular Mass, Abscess, Ileo-Ceacal Tuberculosis, Carcinoma of Ceacum.

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Introduction

Mass in the right iliac fossa (RIF) is said to be a temple of surprises, a common condition with a diagnostic dilemma for the surgeon. Patients with a mass in the right iliac fossa are often admitted to surgical departments (wards). The mass can be due to intra- or extra-abdominal causes. The common conditions observed are appendicular lump, ilio-ceacal tuberculosis, carcinoma of the caecum, iliac lymphadentis, tubo-ovarian mass.

These masses present in the right iliac fossa are a challenge to pathologists to diagnose without intervention; hence, an attempt is made to evaluate the mass with different pathological entities to prevent morbidity and mortality in the patients having mass in the right iliac fossa. As the mass is important for a gynecologist, pediatrician, or clinician for his proper diagnostic value because benign mass can be treated with conservative treatment.

Material and Method

60 adult patients regularly visiting to surgery OPD of Mallareddy Institute of Medical Science (MRIMS), Suraram X Road, Quthabullapur, Hyderabad 500055, Telangana, were studied.

Inclusion Criteria: The patients clinically diagnosed to have mass in the right iliac fossa (RIF) were selected for study.

Exclusion Criteria:

Patients below 16 years, mass in RIF due to gynecological conditions, immunocompromised, were excluded from the study.

Method: Detailed clinical history, physical examination, routine blood examination, urine and electrolytes, stool examination for occult blood, ova, and cyst. Plain X-ray of chest and abdomen, USG in every patient, but colonoscopy, barium enema, CT scan, and diagnostic laparoscopy were done only if necessary. Surgical intervention included interval appendectomy, right hemicolectomy, limited resection, incision, and drainage.

Patients were advised to come for regular follow-up post-surgically and to patients treated with conservative treatment to avoid recurrence of the symptoms.

The duration of the study was June 2022 to May 2024.

Statistical analysis: Various clinical manifestations and RIF mass with different etiology and different types of investigations were classified with percentage. The statistical analysis was carried out in SPSS software. The ratio of male and female was 2:1.

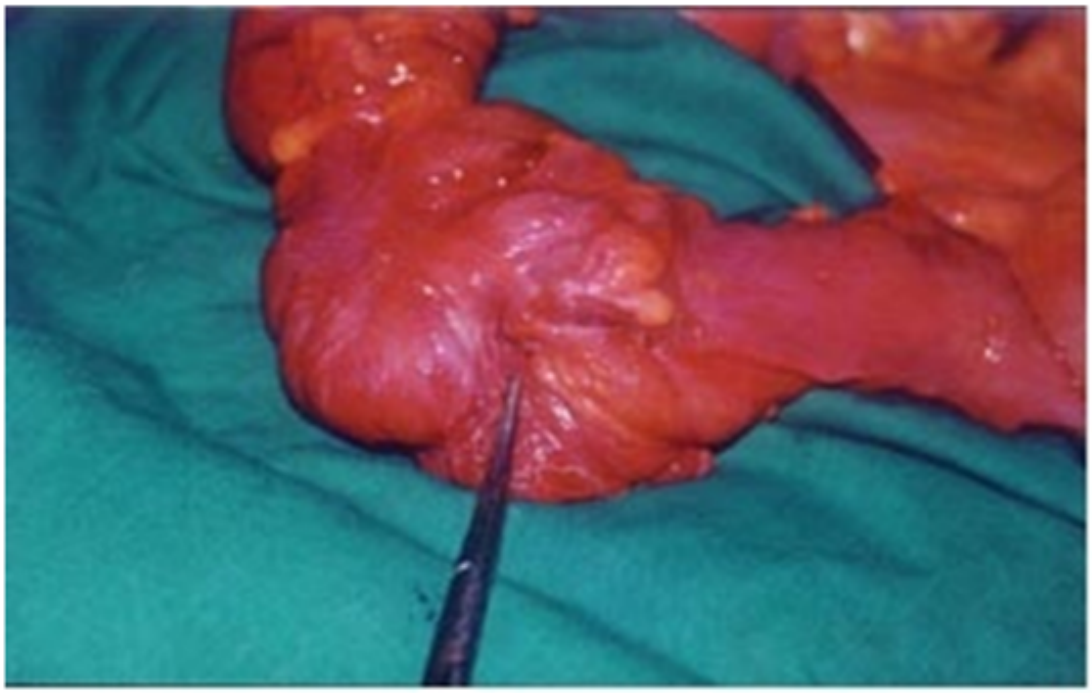

Figure-1 : Appendicular Mass

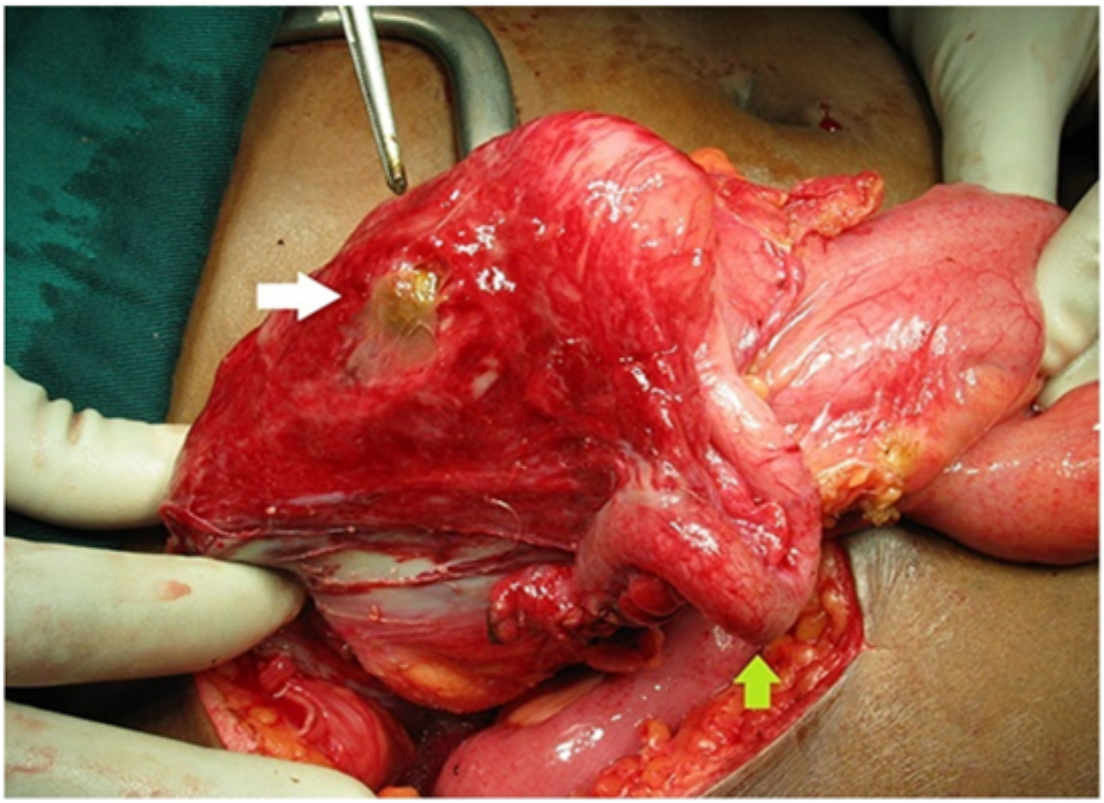

Figure-2: Appendicular Mass

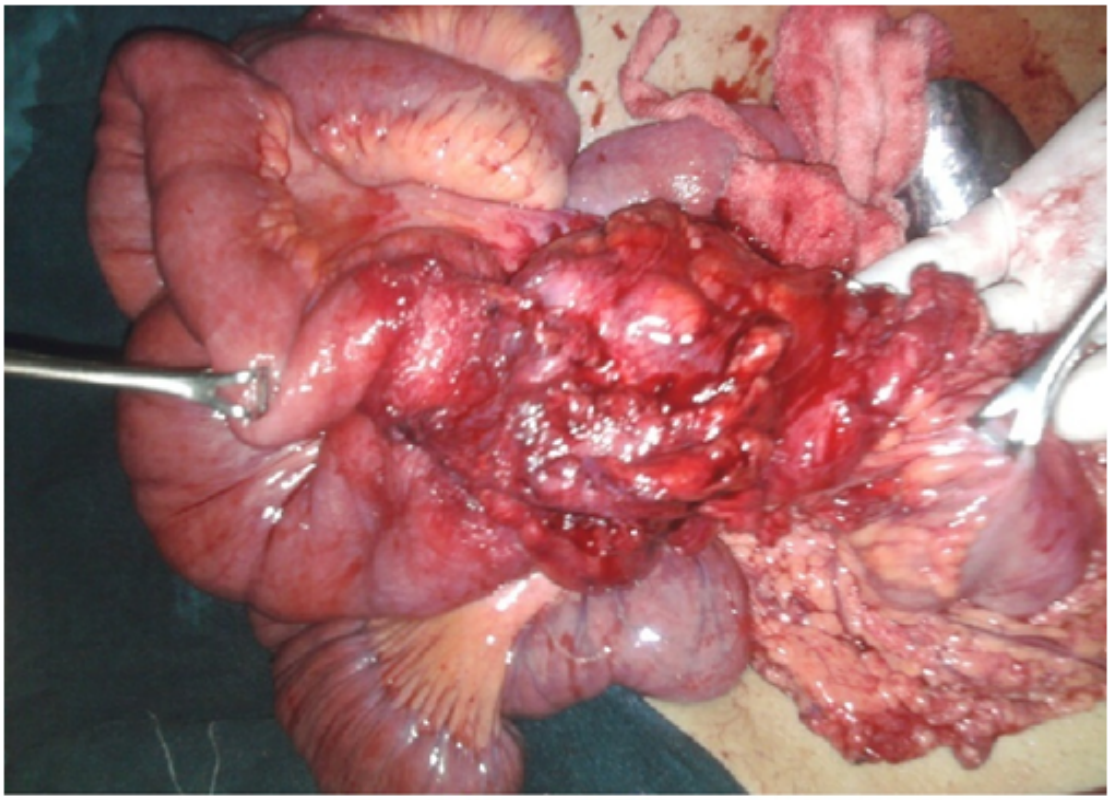

Figure-3: Ileocaecal TB

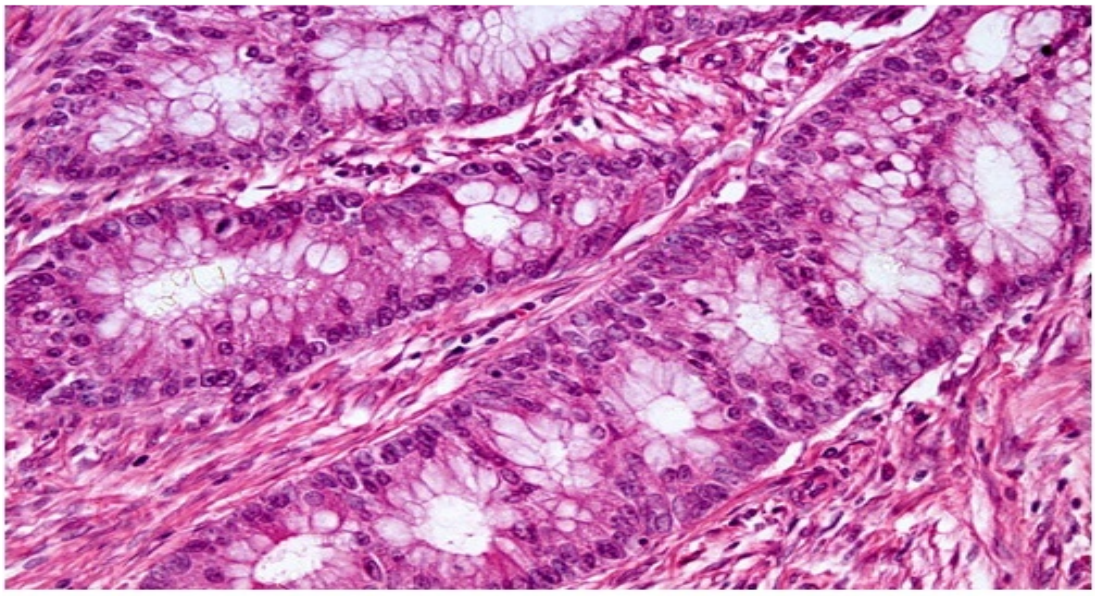

Figure-4 : Carcinoma of Caecum

Observation and Results

Table 1: Study different types of mass in the right iliac fossa: 35 (58.6%) appendicular mass, 10 (16.6%) appendicular absess, 4 (6.6%) ileaoceacal tuberculosis, 4 (6.6%) ca. of ceacum, 3 (5%) carcinoma of ascending colon, 1 (1.6%) psoas abscess, 1 (1.6%) non-Hodgkins lymphoma, 2 (3.3%) intussusceptions

Table 2: Clinical manifestation patients with mass in pain: 60 (100%) pain, 33 (55%) fever, 31 (51.6%) vomiting, 6 (10%) weight loss, 4 (6.6%) mass, and 7 (11.6%) bowel disturbances.

Table 3: Study of types of investigation of mass in right iliac fossa: USG 7 (11.6%) colonoscopy, 4 (6.6%) barium enema, 5 (8.3%) CT scan, and 2 (3.3%) diagnostic laparoscopy.

Table 1: Study of different types of mass in right iliac fossa (No. of Patient: 60**)**

Types of mass	No. of patient	Percentage (%)
Appendicular Mass	35	58.3
Appendicular Abscess	10	16.6
Ileo-ceal tuberculosis	4	6.6
Carcinoma of ceacum	4	6.6
Carcinoma of ascending colon	3	5
Psoas abscess	1	1.6
Non-Hodgkin's lymphoma	1	1.6
Intussusceptions	2	3.3

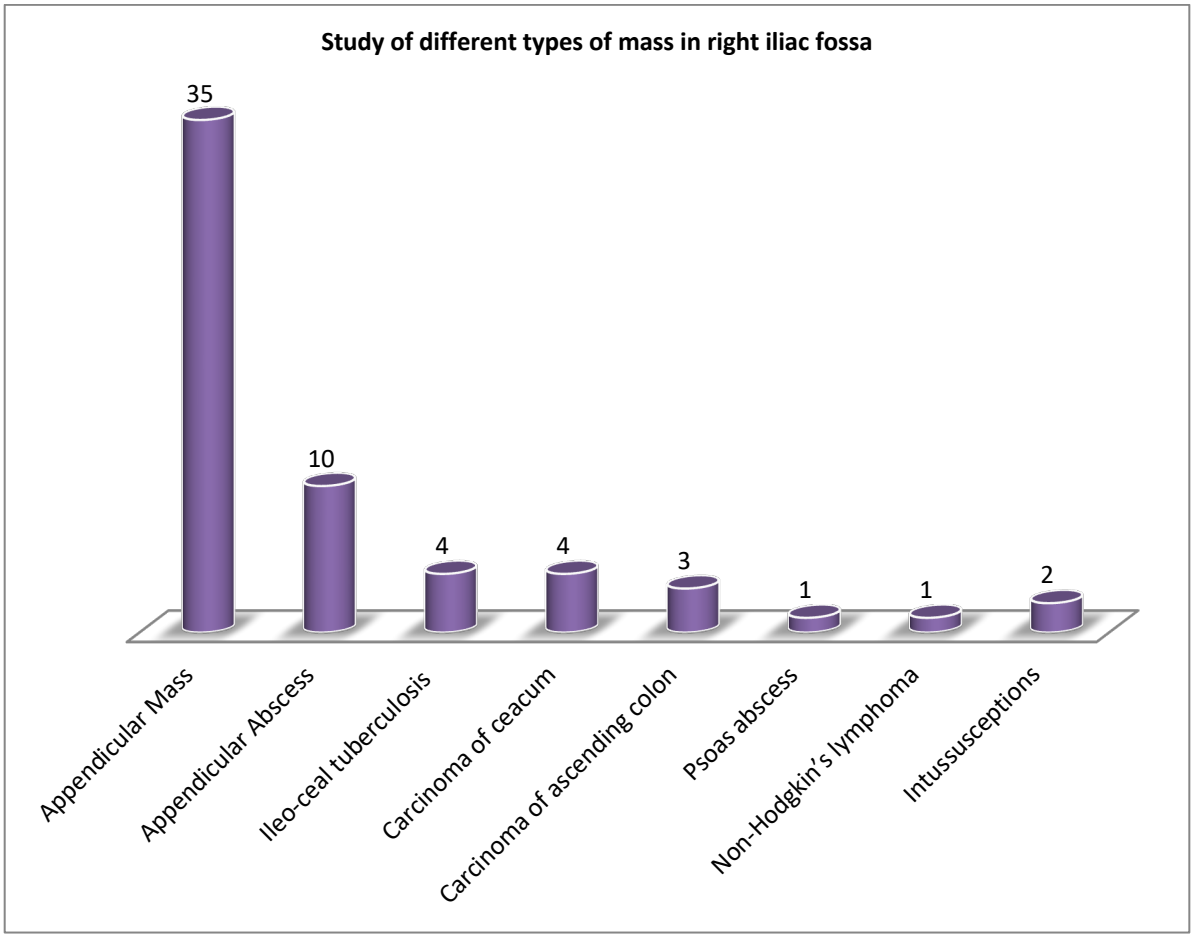

Figure 5: Study of different types of mass in right iliac fossa

Table 2: Clinical Manifestation of mass in right iliac fossa

Diagnosis	Pain	Fever	Vomiting	Wt. loss	Mass	Bowel disturbances
AM	35	16	16	--	2	3
AA	10	8	6	--	--	2
IT	4	2	2	3	--	--
CC	4	2	2	2	1	1
CA	3	2	2	1	--	1
PA	1	--	--	--	--	--
IT	2	--	--	--	1	--
NHL	1	1	1	--	--	--
Total	60 (100%)	33(55%)	31(51.6%)	6 (10%)	4 (6.6%)	7 (11.6%)

AM = Appendicular Mass, CA = Carcinoma of Ascending Colon, AA = Appendicular Abscess, PA = Psoas Abscess, IT = Ileoceal Tuberculosis, NHL = Non-Hodgkin's lymphoma, CC = Carcinoma of Ceacum, II = Ileo-colic Intussusceptions

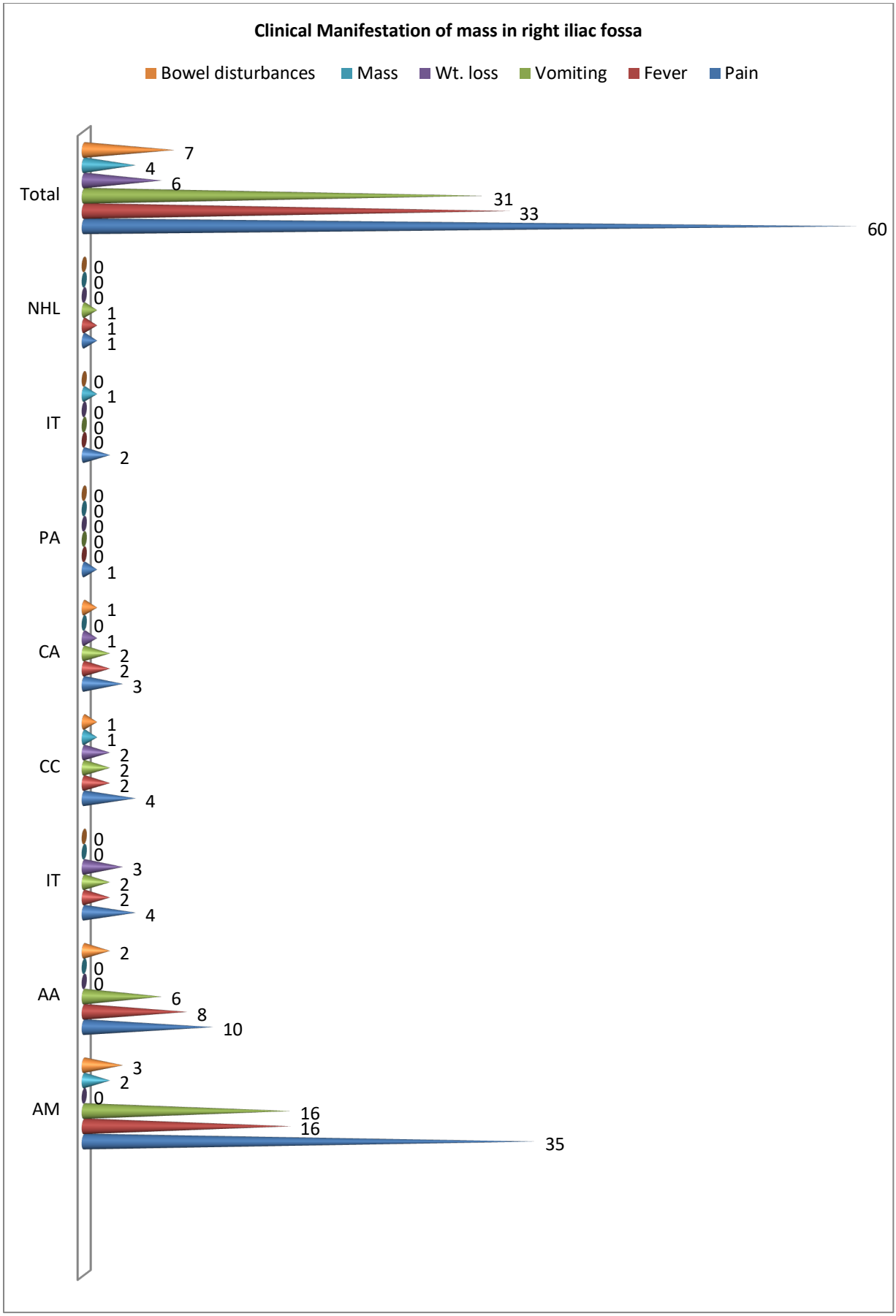

Figure 6: Clinical Manifestation of mass in right iliac fossa

Table 3: Study of types of investigation of mass in right iliac fossa

Diagnosis	USG	Colonoscopy	Barium Enema	CT scan	Diagnostic Laparoscopy
AM	35	--	--	--	--
AA	10	--	--	--	--
IT	4	--	2	--	2
CC	4	4	1	4	--
CA	3	3	1	--	--
PA	1	--	--	1	--
NHL	1	--	--	1	--
Intussusceptions	2	--	--	--	--
Total	60 (100%)	7 (11.6%)	4 (6.6%)	5 (8.3%)	2 (3.3%)

AM = Appendicular Mass, CA = Carcinoma of Ascending Colon, AA = Appendicular Abscess, PA = Psoas Abscess, IT = Ileoceal Tuberculosis, NHL = Non-Hodgkin's lymphoma, CC = Carcinoma of Ceacum, II = Ileo-colic Intussusceptions

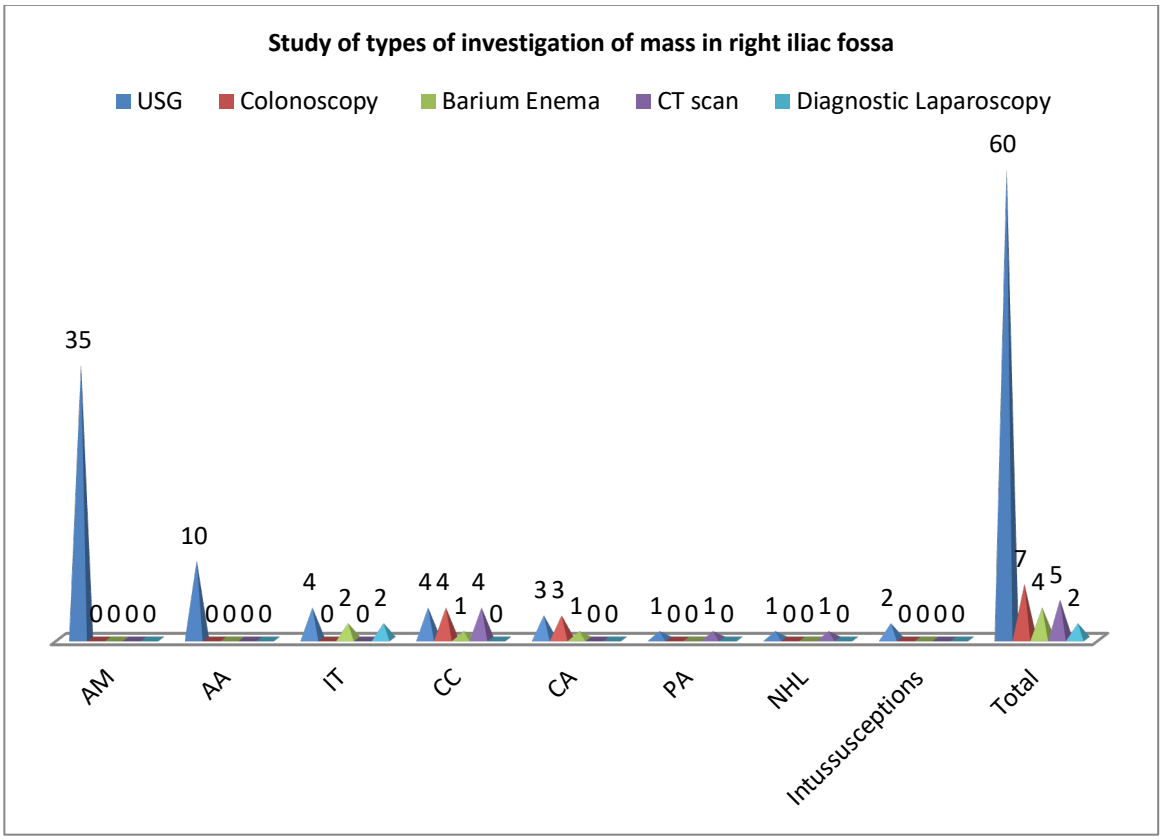

Figure 7: Study of types of investigation of mass in right iliac fossa

Discussion

Present evaluation of various symptoms in patients with mass in right iliac fossa in Telangana Population 35 (58.3%) had appendicular mass, 10 (16.6%) had appendicular abscess, 4 (6.6%) had ileoceocal tuberculosis, 4 (6.6%) had ca. of caecum, 3 (5%) had ca. of ascending colon, 1 (1.6%) had psoas abscess, 1 (1.6%) had non-Hodgkin lymphoma, and 2 (3.3%) had intussusceptions (Table 1). 60 (100%) had pain, 33 (55%) had fever, 31 (51.6%) had vomiting, and 6 (10%) had weight loss, 4 (6.6%) had mass, 7 (11.6%) had bowel disturbances (Table 2). 60 (100%) patients undergone USG, 7 (11.6%) had colonoscopy, 4 (6.6%) Ba. enema, 5 (8.3%) had CT scan, and 2 (3.3.1%) had diagnostic laparoscopy (Table 3) (Figure 1, 2, 3 and 4). These findings are more or less in agreement with previous studies [5,6,7].

Anatomically, the pharynx and appendix are the most constricted parts, hence more prone to getting infected. Moreover, the appendix, being a lymphatic organ, changes its position to trap the infection, hence popularly known as the soldier of the abdomen." Sometimes it is also infected, inflamed, and leads to the formation of an abscess. Appendicular masses and appendicular abscess were more common in males than females [8], and Ileo-ceacal junction tuberculosis was quite common in males working in industry or residing in industrial areas. It could be due to a polluted atmosphere or water

intake or due to reduced immunity in developing countries [9]. Tuberculosis remains an important cause of morbidity and mortality in India.

In the majority of cases of carcinoma of the caecum, constant, but not very severe, abdominal pain was experienced in the right iliac fossa or subcoastal epigastrium, often associated with local tenderness. Abdominal mass was felt in only a few cases, usually in RIF [10].

Non-Hodgkin's lymphoma was confirmed histopathologically and treated with chemotherapy postsurgically.

Summary and Conclusion

Present evaluations RIF in adult patients of both sexes having different pathologies was treated surgically and had a good prognosis. The other rare causes of masses in RIF are intussusceptions; psoas abscess and non-Hodgkin's lymphoma were clinically diagnosed and treated accordingly. Apart from surgical interruption, many cases were treated with conservative treatment with regular follow up to prevent recurrence of symptoms. Delayed approach to the medical aid and incorrect diagnosis may lead to an increase in morbidity and mortality of the patients.

Limitation of study: Owing to tertiary location of study institution, small number of patients lack of latest techniques we have limited finding and results.

This research work was approved by Ethical committee of Department of Surgery, Mallareddy Institute of Medical Science, (MRIMS) Suraram X road, quthabullapur Hyderabad 500055, Telangana.

References

1. Millard FC, MC. Collins: Ultrasound in the investigation of right iliac fossa mass, r. J. Radiol. 1991; 64 (759): 17-9.
2. Foran B, Berne TV: Management of the appendicular mass Arch. Surg. 1978; 113: 12-9.
3. Gahukamble DB, Gahukamble LO: Surgical and pathological basis for interval appendectomy after resolution of appendicular mass. J. Paed. Surg. March. 2000; 35 (3): 424-7.
4. Elhence IP, Sharma BD, Surgical treatment of abdominal tuberculosis, Int. Surgery. 1984; 46 (7); 337-40.
5. Goligher JC, Surgery of Anus, Rectum, and Colon, Vol. I Edited by Bailiere Tindall London. 1992; 426-489.
6. Bhangu A, Sereide K: Acute appendicitis: modern understanding of pathogenesis, diagnosis, and management. Lancet. 2015; 386: 1278-87.
7. Anderson M., Anderson RE: The appendicitis inflammatory response score; a tool for the diagnosis of acute appendicitis. World J. Surg. 2008; 32: 1843-9.
8. Bhangu A. Acute Appendicitis BMJ. 2017, 357; 1703-6.
9. Connell ROP: The vermiform appendix. In Bailey and Love, short practice of surgery, chapter 10, 24th edition Oxford University Press, Inc., New York. 2004; 1203–1218.
10. Shetly SK, Shankar M: A clinical study of right iliac fossa mass. The International Journal of Surgery. 2013, 30 (4); 1-11.