

Diagnostic laparoscopy and appendicectomy in chronic right iliac fossa pain of undetermined origin: are we alleviating the pain?

Introduction

Chronic right iliac fossa (CRIF) pain leads to repeated hospital attendance and missed days of routine life. The growing evidence support for the role of laparoscopy with or without appendectomy as a management of CRIF pain.

Methodology

Patient presented to the clinic or the casualty ward of Professorial surgical unit of teaching hospital Jaffna (from 2016 February to 2017 February) with right iliac fossa pain (episodic or persistent with episodic worsening) more than 6 weeks with clinically or radiologically undetermined origin were offered with diagnostic laparoscopy and appendicectomy. During end of April 2017 all were contacted via telephone and pain assessment done. Data were obtained during first visit; day of surgery and post-operative clinic visit with histology report and data were maintained in a database.

Results

Twelve patients were recruited (female 75% and male 25%). Minimum period of post-operative follow-up was 2 months. Four patients (66.7%) had leukocytosis and 2 patients (16.7%) had elevated CRP but all of them had normal UFR. Except two patients, others (83%) had positive finding in laparoscopy. All underwent appendicectomy with or without adhesionolysis. Histological finding of all were positive. Out of twelve one (8.3%) had no improvement (had adhesion and mucosal lymphoid hyperplasia in histology report). Among remaining eleven (91.7%), two had improved pain and all other had no pain at all.

Conclusion

Diagnostic laparoscopy is minimal invasive surgical procedure. It is useful when clinical examination and radiological investigations undetermined the origin of chronic right iliac fossa pain.