

"CASE SCENARIO 8"

5/11/2020

A 24-year-old woman presents to the emergency department with abdominal pain, nausea, vomiting, and anorexia that began the previous evening.

She describes her abdominal pain as initially periumbilical, but now localized to the right lower quadrant (RLQ). Her temperature is 37.9. Her vital signs are otherwise normal. On abdominal exam, her abdomen is soft and nondistended, but tender to palpation over McBurney's point. She has no signs of peritonitis.

QUESTIONS:

1. What is the differential diagnosis?

- Acute Appendicitis
- Pelvic inflammatory disease (PID)
- Ovarian cyst or torsion
- Ruptured mid-cycle ovarian follicle (Mittelschmerz)
- Ruptured ectopic pregnancy
- Ureterolithiasis & Renal colic
- Gastroenteritis
- UTI

What is the Workup for this Patient?

- Complete Blood Count (CBC)
 - ↳ WBC \Rightarrow usually $> 10 \times 10^9 / L$ but may be normal
- C Reactive Protein (CRP) & ESR \Rightarrow Raised
- Urinalysis \Rightarrow To exclude UT conditions
 - ↳ Mild pyuria \Rightarrow Appendicitis
 - ↳ Severe pyuria \Rightarrow UTI
 - ↳ Proteinuria & Hematuria \Rightarrow Gynecologic disease
- Abdominal USS \Rightarrow Important to confirm diagnosis, exclude other gynecological disease, and differentiate complicated from uncomplicated Appendicitis.
- Acute Appendicitis is a Clinical diagnosis.

What is the Treatment?

- NPO
- IV fluids
- Analgesia (IV) \Rightarrow only when you confirm diagnosis \Rightarrow can mask physical signs
- Antiemetic (IV)
- Antibiotic (IV) \Rightarrow Metronidazole "Flagyl"

Surgical Approach:

- Laparoscopic Appendectomy
- Open Appendectomy
 - ↳ incision is either by Grid iron incision (commonly used) or Lanz incision (cosmetically "Good Scar").