

Abstract

Background: We should be careful though when considering conservation approach alone because misdiagnosis of an appendicular or colonic tumor will be dangerous to the patient. Therefore we should first confirm the diagnosis and exclude other pathologies using radiological investigations such as US, CT scan, MRI and colonoscopy according to Tannoury & Abboud., 2013.

Aim of the Study: To outline the treatment options of Appendicular mass in adults and empower Junior Surgeons with Knowledge of best treatment options.

Methodology: In this review regarding the conservative management of an appendicular mass, most of the authors agreed that it's still a highly acceptable approach for appendicular mass. And that this should be followed with interval Appendicectomy in patients with persistent right lower abdominal pain according to studies done by Garba & Ahmed., 2008.

Conclusion: From this Study we conclude the following: We recommend initially conservative approach to the management of appendicular mass after exclusions of other ileocaecal pathologies. No need for interval Appendicectomy, except in patients with persistent symptoms of appendicitis. Immediate surgical or Laparoscopic intervention in selected cases followed by conservative approach.

Keywords: Treatment Options, Inflammatory Appendicular, Mass Adults

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Arabic Summary

List of Abbreviations

Abbrev.	Meaning
AA	Acute Appendicitis
CRP	C Reactive Protein
CT	Computer Tomography
GU	Genitourinary
IA	Interval Appendicectomy
LA	Laparoscopic Appendicectomy
MIS	Minimal Invasive Surgery
MRI	Magnetic Resonance Imaging
PA	Perforated Appendicitis
RCT	Randomized Controlled Trail
RIF	Right Iliac Fossa
UK	United Kingdom
US	Ultrasonography
WCC	White Cell Count

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Introduction





Aim of the Study





Surgical Anatomy of the Appendix





Patho-physiology and Pathology of Acute Appendicitis and Appendicular Mass





Diagnosis of Acute Appendicitis and Appendicular Mass





Treatment of Acute Appendicitis





Treatment Options of Appendicular Mass





Summary and Conclusion

