



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



شبكة المعلومات الجامعية  
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# شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم





شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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# COMPARISON BETWEEN COMPUTED TOMOGRAPHY AND ULTRASONOGRAPHY IN THE DIAGNOSIS OF APPENDICITIS

B 7013

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2001**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قَالَ لَوْ سُبْحَانَيْكَ اللَّهُ عَمَّا يُشْرِكُونَ اللَّهُ يَوْمَئِذٍ خَالِقُ السَّمَاوَاتِ وَالْأَرْضِ وَالَّذِينَ فِيهَا يُدْعَوْنَ إِلَى دَعْوَتِهِ خَاشِعُونَ لِقَا رَبِّهِمْ أَلَمْ يَذْكُرْ

أَلَمْ يَذْكُرْ أَنَّكَ أَنْزَلْتَ مِنَ السَّمَاءِ مَاءً فَتَخَالَفَتِ الْوُجُوهَ إِلَى دَعْوَتِهِ خَاشِعُونَ لِقَا رَبِّهِمْ أَلَمْ يَذْكُرْ

اللَّهُ  
الْعَظِيمُ

سورة البقرة الآية ٣٢

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A decorative rectangular border with ornate, symmetrical scrollwork and leaf-like patterns at the corners and midpoints.

*To My Father and Mother*

*My Wife*

*&*

*My Brother*

## List of Tables

Table		Page
(1)	Comparison between diagnostic specificities, sensitivities and accuracies overall US result and overall CT results	55
(2)	Comparison between diagnostic sensitivity, specificity and accuracy of US in detecting of non compressibility of the appendicitis	56
(3)	Comparison between the diagnostic sensitivities, specificities and accuracies of US and CT in measuring diameter of the appendicitis	57
(4)	Comparison between the diagnostic sensitivities, specificities and accuracies of US and CT in measuring of wall thickness of appendicitis	58
(5)	Comparison between the diagnostic sensitivity, specificity and accuracy of US in diagnosis of other findings of appendicitis	59
(6)	Comparison between the diagnostic sensitivity, specificity and accuracy of CT in detecting Periappendiceal inflammation of appendicitis	60
(7)	Comparison between the diagnostic sensitivity, specificity and accuracy of CT in diagnosis of other findings of appendicitis	61
(8)	Comparison between the diagnostic sensitivities, specificities and accuracies of US and CT in detecting appendicular abscess or masses	62
(9)	Discriminate US results and US Criteria of diagnosis of appendicitis	63
(10)	Discriminate CT results and CT criteria of diagnosis of appendicitis	64

## List of Figures

Figure		Page
(1)	Comparison between diagnostic specificities, sensitivities and accuracies overall US results and overall CT results	55
(2)	Comparison between diagnostic sensitivity, specificity and accuracy of US in detecting non compressibility of the appendicitis	56
(3)	Comparison between the diagnostic sensitivities, specificities and accuracies of US and CT in measuring diameter of the appendicitis	57
(4)	Comparison between the diagnostic sensitivities, specificities and accuracies of US and CT in measuring of wall thickness of appendicitis	58
(5)	Comparison between the diagnostic sensitivity, specificity and accuracy of US in diagnosis of other findings of appendicitis	59
(6)	Comparison between the diagnostic sensitivity, specificity and accuracy of CT in detecting Periappendiceal inflammation of appendicitis	60
(7)	Comparison between the diagnostic sensitivity, specificity and accuracy of CT in diagnosis of other findings of appendicitis	61
(8)	Comparison between the diagnostic sensitivities, specificities and accuracies of US and CT in detecting appendicular abscess or masses	62
(9)	Discriminate US results and US Criteria of diagnosis of appendicitis	63
(10)	Discriminate CT results and CT criteria of diagnosis of appendicitis	64
(11-a)	Acute appendicitis longitudinal section US scan through inflamed appendix show that it is enlarged, its diameter 9 mm.	66
(11-b)	Acute appendicitis axial cuts shows enlarged appendix surrounded by homogenous fat attenuation	66



<b>Figure</b>		<b>Page</b>
(12-a)	Acute appendicitis longitudinal section US shows diffuse hypoechoic and enlarged appendix	68
(12-b)	Acute appendix axial CT scan shows enlarged appendix, periappendiceal inflammation and marked stranding of the periappendiceal fat	68
(13-a)	Perforated appendicitis with intraperitoneal mass seen in longitudinal US section	70
(13-b)	Perforated appendicitis axial CT scan demonstrate a complex mass containing fluid and air	70
(14-a)	Acute appendicitis longitudinal US scan section through inflamed appendix shows diffuse hypoechoic and enlarged appendix.	72
(14-b)	Axial CT scan demonstrate enlarged appendix with low attenuation fluid within the lumen	72
(15-a)	Perforated appendicitis with intraperitoneal abscess seen in longitudinal US section	74
(15-b)	Perforated appendicitis axial CT scan section demonstrate a complex mass containing fluid and air representing a periappendiceal abscess	74
(16-a)	Normal appendix longitudinal US image demonstrate a normal appendix measuring less than 6 mm in diameter	76
(16-b)	Normal contrast material-filled appendix appears on axial CT scan	76
(17-a)	Acute appendicitis with appendicolith longitudinal US scan through an inflamed appendix shows an echogenic appendicolith with acoustic shadowing	78
(17-b)	Acute appendicitis with an appendicolith axial CT scan demonstrate an appendicolith within the appendix	78



# INTRODUCTION

## INTRODUCTION

Appendicitis is the most common cause of abdominal pain that requires surgical intervention (*Brown et al., 1991*) also appendicitis may cause many complications when the appendiceal lumen becomes occluded, resulting in an accumulation of fluid, appendiceal dilation, inflammation, ischemia and eventually perforation with possible abscess formation.

Patients with the disease may present with a wide variety of clinical manifestations, and the diagnosis may elude even the most experienced clinicians (*Williams et al., 1983*).

Prompt diagnosis is essential to minimise morbidity, which remains substantial if perforation occurs.

The clinical diagnosis is based on the history and the physical examination, which play a major role in the clinical diagnosis. Although many patients present with typical clinical signs and symptoms, allowing for prompt diagnosis and treatment, some patients have typical and frequently confusing presentations, leading to misdiagnosis. This is specially problematic in women of child-bearing age (*Berry et al., 1984*).

Without the use of diagnostic imaging, the accuracy of pre-operative diagnosis of appendicitis ranges between 70 to 78% (*Zoller et al., 1996*).



Laparotomy resulting in the removal of normal, non-inflamed appendices was reported in 16 to 47% of cases, with a mean of 26% (*Kacanan et al., 1994*). Current medical practice recognises the necessity of removing some normal appendices to minimise perforation rates.

Until recently, the diagnosis of appendicitis using radiological techniques included plain abdominal X-ray in which the findings are non specific, and abnormalities do not occur with enough frequency to justify the routine use of the examination (*Campbell et al., 1988*) also barium enema examination can be performed safely and quickly with the double contrast technique. Complete filling of the normal appendix excludes the diagnosis of appendicitis. Non filling or incomplete filling does not always indicate appendicitis but the presence of an extrinsic mass effect of the cecum helps to confirm the diagnosis (*Fedyshin et al., 1984*).

During the past 5 years, several imaging techniques have been advocated for diagnosing appendicitis (*Brown 1991*).

Direct sonographic visualization of the appendix by applying graded compression to the Rt. lower quadrant of the abdomen, has been described by *Puylaert (1988)*.

Also *Puylaert (1988)* described the value of graded compression sonography in the evaluation of patients suspected of having appendicitis. Since then, other investigators have improved the sonographic criteria for diagnosis of appendicitis, firmly establishing the value of sonography in