



شبكة المعلومات الجامعية  
التوثيق الإلكتروني والميكرو فيلم

# بسم الله الرحمن الرحيم



**HANAA ALY**



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# شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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# جامعة عين شمس التوثيق الإلكتروني والميكروفيلم

## قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها  
علي هذه الأقراص المدمجة قد أعدت دون أية تغييرات



## يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



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# **Laparoscopic Versus Open Appendectomy in Young Female Patients**

Thesis

*Submitted for Partial Fulfillment of Master Degree  
in General Surgery*

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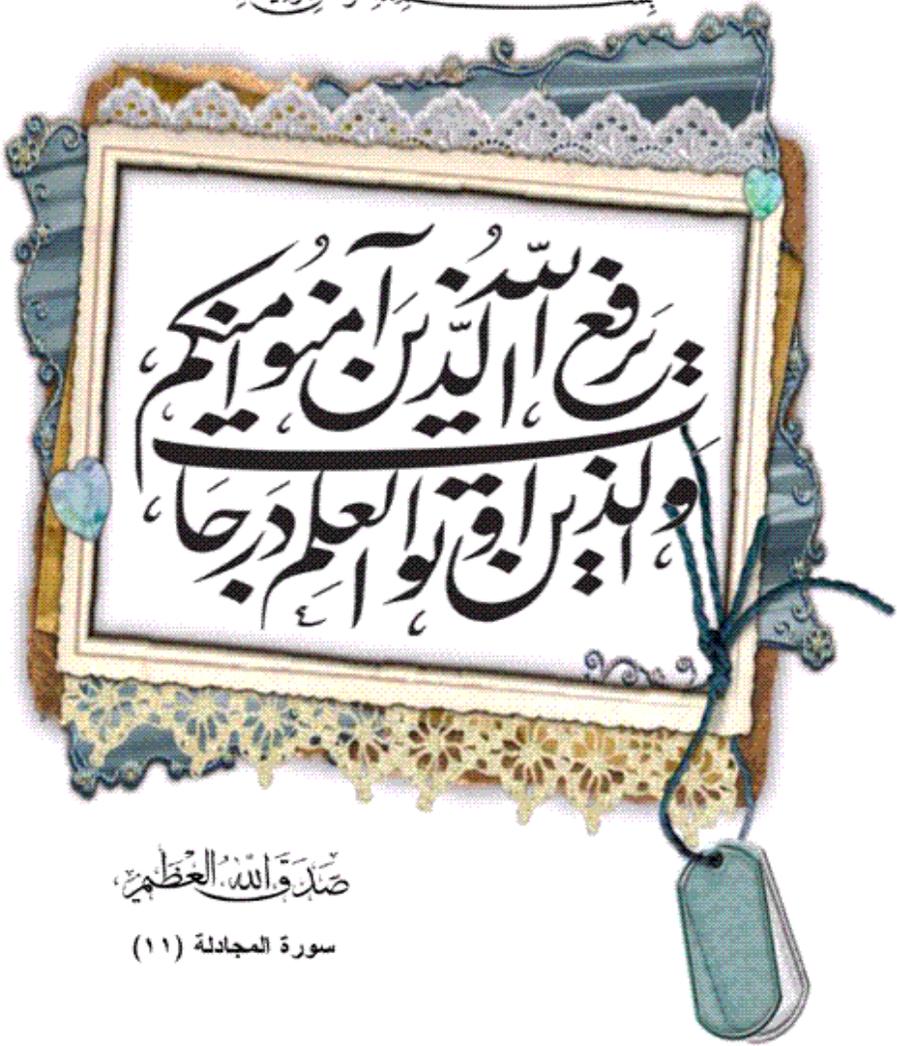
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2020

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



صَلَّى وَاللَّهُ الْعَظِيمِ

سورة المجادلة (١١)

# Acknowledgment

Praise to "*Allah*", the Most Gracious and the Most Merciful Who Guides Us to the Right Way.

Sincere thanks and deepest appreciation to my supervisor *Prof. Dr. Awad Hassan El Kayal*, Professor of General Surgery, Faculty of Medicine, Ain shams University for his precious guidance, wise instructions, meticulous supervision and his care and advice and constructive criticism. There are no adequate words to convey my appreciation for all the support.

It is a great honor to express my deep gratitude and cordial appreciation to *Dr. Amr Mohamed Mahmoud El Hefny*, Assistant Professor of General Surgery, Faculty of Medicine; Ain shams University and to *Dr. Ahmed Yasser El Rifai*, Lecturer of General Surgery, Faculty of Medicine; Ain shams University who gave me much of their efforts, experiences and close supervision throughout the work. They provided me continuous encouragement and support. Their generous assistance and meticulous guidance had a pivotal role in the completion of this study.

Last but not the least, I would like to extend my gratitude to all patients treated in this work and to all staff members and colleagues in the General Surgery Department, for the great help which they have offered me. I would like to express my deepest thanks to my Family and my colleagues for their continuous guidance and constant encouragement.

My great appreciation is extended to all those who shared either practically or morally in the accomplishment of this work.

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## *List of Abbreviations*

<b>Abb.</b>	<b>Full term</b>
<b>AIR</b>	Appendicitis Inflammatory Response
<b>AS</b>	Alvarado score
<b>CRP</b>	C-reactive protein
<b>CT</b>	Computerized tomography
<b>EAES</b>	The European Association of Endoscopic Surgeons
<b>GALT</b>	Gut associated lymphoid tissue
<b>LA</b>	Laparoscopic Appendectomy
<b>MAS</b>	Modified Alvarado score
<b>NPV</b>	Negative predictive value
<b>OA</b>	Open Appendectomy
<b>PAS</b>	Pediatric Appendicitis Score
<b>PID</b>	Pelvic inflammatory disease
<b>PPV</b>	Positive predictive value
<b>RIF</b>	Right iliac fossa
<b>RLQ</b>	Right lower quadrant
<b>SAGES</b>	Society of American Gastrointestinal and Endoscopic Surgeons
<b>SILS</b>	Single-incision laparoscopic surgery
<b>SSI</b>	Surgical-site infection
<b>TVA</b>	Transvaginal Appendectomy
<b>U.C</b>	Ulcerative colitis
<b>US</b>	Ultrasonography
<b>WCC</b>	White cell count

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## INTRODUCTION

The appendix is a small tube-shaped pouch attached to the caecum and located in the lower right side of abdomen (*Agresta et al., 2014*).

Appendicitis was first recognized as a disease in the sixteenth century and was called perityphlitis (*Beg et al., 2017*).

Appendicitis is the most common intra-abdominal condition requiring emergency surgery. Appendectomy continues to be one of the commonest procedures in general surgery, accounts for approximately 1% of all surgical operation (*Sharma et al., 2017*). The life time risk of acute appendicitis is 8.6% for males and 6.7% for females (male: female ratio is 1.4:1) (*Mir et al., 2016*).

The first appendectomy was performed in 1736 by Claudius Amyand, Surgeon of St. Georges Hospital, London, UK (*Talukder et al., 2006*). McBurney in 1889 described the clinical features of acute appendicitis. Open appendectomy has been the standard surgical treatment since the last century (*Beg et al., 2017*).

Diagnosis is founded upon well-recognized signs, symptoms as well as physician's practice. The signs & symptoms most prognostic of acute appendicitis is pain in right lower quadrant (RLQ) or pain around umbilicus and then transferring to RLQ presenting along with fever, nausea and vomiting. On

abdominal examination there will be rigidity, tenderness and rebound tenderness in right iliac fossa (*Dal et al., 2016*).

The reported incidence of acute appendicitis has increased over the last few decades potentially due to the increased use of CT imaging, with the rate of complicated appendicitis representing 25% of all cases (*Athanasiou et al., 2017*).

Several diseases such as pelvic inflammatory disease, endometriosis, ovarian cysts, ectopic pregnancy, cholecystitis and colonic perforation may mimic acute appendicitis so proper imaging is mandatory in diagnosis of acute appendicitis (*Minutolo et al., 2014*).

The introduction of laparoscopic surgery has dramatically changed the field of surgery. With improvement in the equipment and increasing clinical experience it is possible to perform almost any kind of procedure under laparoscopic visualization (*kehagias et al., 2008*). Laparoscopic appendectomy was first reported by the gynaecologist Kurt Semm in 1982 (*Siddiqui et al., 2018*).

The laparoscopic approach allows a full exploration of the peritoneal cavity, thus representing an important diagnostic tool in case there is only suspicion of acute appendicitis (*Minutolo et al., 2014*). Complicated appendicitis (CA) defined as gangrenous or perforated appendicitis with or without peritonitis has been increasingly managed laparoscopically.