

SUMMARY

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Acute appendicitis is considered as one of the most frequent cause of persisting, progressive abdominal pain in teenagers, and is a common, sometimes confusing, and often treacherous cause of an acute abdomen at all ages.

There are some aetiological factors for acute appendicitis were taken into consideration as anatomical consideration, obstruction of the lumen of the appendix, familial susceptibility race and diet, and trauma. But none of them can give a full idea about the problem of why acute appendicitis occurs. It was suggested that the removal of the appendix particularly after age 40 was associated with an increased expectation of the development of malignancy, but no connection between appendicectomy and the development of a cancer could be discerned.

A good number of the conditions that enter into the differential diagnosis of appendicitis require operative therapy. If they do not, at least they are not usually made worse by an exploratory operation. But medical diseases are important to be differentiated as

no benefit comes to the patient if an operation is performed.

The majority of deaths occur in infants and in the aged. The mortality involved in treating young adults with mild appendicitis conservatively seems to be between 1/850 and 1/2300, whereas the death rate of appendicectomy for acute appendicitis without gangrene or perforation is 1/2600, and the death rate of appendicectomy is 1/5000. In our study the death rate was Non.

Postoperative complications occur in only 5 % of patient if an unperforated appendix removed intact, but in over 30% of patients with gangrenous or perforated appendicitis. The more frequent complications of appendicectomy include wound infection, pelvic, subphrenic and intra-peritoneal abscesses, faecal fistula, pyelephlebitis and intestinal obstruction. Wound infections account for one third of all morbidity; the presence of gangrene or perforation increases the morbidity from 40 to 50 percent. Our study showed that wound infection was the most common complication which formed 44.5 % from all complications. Then peritonitis which accounts 22.2% of them, then faecal fistula, paralytic ileus and incisional hernia (11.1%) each of them accounts 11.1% from all complications.