INTRODUCTION

It should be taken into consideration that any patient who complains of abdominal pain or who presents with minimal symptoms suggestive of peritoneal irritation can be a case of acute appendicitis. It is 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 (Condon, 1977). Acute appendicitis has long been used to teach the clinical aspects of "the acute abdomen". Although the classic pathophysiology of typical appendicitis has been well decumented, the last word is yet to be written about this endlessly variable, often atypical disease (Condon and Gleysteen, 1977).

It is noticed that the incidence of acute appendicitis decreased from 10 percent of all surgical procedure in 1941 to only 2 percent in 1959 (Castleton, et al ., 1959; Noer, 1975). Over the past decade the incidence of appendicitis has remained more or less constant (Lewis et al 1975; Mittelpunket and Nora, 1966; Spitz, 1969). The decreased incidence of appendicitis may be an effect of the widespiread use of antibiotics. Appendicitis is rare in infants, becomes increasingly common throughout childhood, and reaches its maximal incidence in the early ten

years. There after the incidence declines, though appendicitis remains relatively common throughout adulthood and into old age. Prior to puberty, appendicitis develops in boys about as frequently as in girls. Among teenagers and young adults, the male-female ratio is about 3:2 . After age 25, the excess male incidence gradually declines until the sex ratio is again equal (Condon, 1977). Appendicitis affects about 6 percent of the population at some time during their lives. The maximal incidence is in the ten years. There is a slight male preponderance, especially in young adults (Condon and Gleysteen, 1977).

As reguard the mortality risk of uncomplicated appendicitis is less than 0.1 percent. If treatment is delayed, the mortality rises to 0.6 percent in gangrenous appendicitis and to 5 percent in perforated appendicitis in an older patient. Significant morbidity from wound infection and similar problems is a feature in 10 percent of patients and is related to the stage of the disease (Condon and Gleysteen, 1977). There is no way to prevent the development of appendicitis. The only way to reduce morbidity and to prevent mortality is to perform appendicectomy before perforation or gangrene has occurred (Condon;1977).

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