INTRODUCTION

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Acute appendicitis is the commonest surgical diseases but a correct preoperative diagnosis is not conclusive. Negative laparotomy rate average is 15% to 20% which are considered acceptable ***(Mouret, 1994).***

Recent advances in loparoscopic technology have led to a dramatic reevaluation of the surgical management of visceral pathology. Laparoscopic appendectomy is a feasible option in the management of acute appendicitis in most cases, it shortens hospital stay & diminish the risk of post operative infection ***(Gangal and Gangal, 1987).***

The first laparoscopic appendectomy actually predates the first laparoscopic cholecystectomy. The first case of laparoscopic removal of an appendix was reported by ***"Kurt Semm" in 1983 (Semm, 1983).***

The indications for laparoscopic appendectomy are not different from those for open appendectomy. The contraindications to the procedure depend largely on the surgeon's experience in laparoscopic surgery, situations such as generalized peritonitis, untreatable bleeding disorders or complete bowel obstruction should be managed with laparotomy. Conditions such as previous right lower quadrant surgery, pregnancy or evidence of an abscess are considered relative contraindications and might be attempted depending on the skill of the surgeon ***(Talamini, 1993).***

Laparoscopic removal of an acutely inflamed appendix has considerable appeal in that the diagnosis of acute appendicitis can be verified, other pathologies in right iliac fossa can be identified and if feasible the appendix removed through a laparoscopic cannula thus

avoiding direct contact of contaminated contents with the abdominal wound *(McAnena et al., 1992).*

The Aim of The Essay :

The aim of this essay is to throw some light on the anatomy of the appendix, pathology of acute appendicitis and to study the efficacy of laparoscopic appendectomy.