SUMMARY AND CONCLUSION

Although acute appendicitis is a frequent surgical encounter and it is usually left to the most junior surgical staff to deal with it, Every should be taken as it's own merit, and one should always seeks advice of a senior member of the surgical staff at the beginning of any complication either during the operation or in the post operative period. Experience is needed to deal with complication resulting from acute appendicitis, Although complication seems to be simple but if left alone it may lead to a serious trouble.

There is no definit aetiological factor for acute appendicitis, However anatomical factors, obstruction of the lumen, familial susceptibility, race, diet and trauma all were taken into consideration as contributary factors for such condition .

It was suggested that the removal of the appendix was associated with an increased expectation of the development of malignancy, but no connection between appendicectomy and the development of a cancer could be descerned.

In appendicitis more than one bacterial strain can be detected.

The inflammatory process in acute appendicitis is probably

localized or generalized peritonitis can occur depending on many factors as duration, body resistant, virulance, and the predisposing factor.

Diagnosis of acute appendicitis can be reached through the clinical picture and investigations of needed, However, there is a very long list of actue conditions that come in differential diagnosis with acute appendicitis most of these eases require operative therapy, if they do not at least they are not usually made worse by an exploratory operation, But medical diseases are important ot be differentiated as no benefit comes to the patient if an operation is performed.

Regard management of different cases with appendicitis there is complete agreement in all texts. That calssical appendectomy is the sole line of treatment and it must be done as early as possible.

There are few complications of acute appendicitis as long as the infection is contained within the appendix, but once the infecting bacteria have penetrated the peritoneal appendicular surface or have invaded the regional circulation, any one or more of a series of serious complications may develop. Thus the emphasis has been rightly placed on early removal of the inflamed appendix, before perforation has occurred, as the

Postoperative Complications occur in only 5 percent of patients if an unperforated appendix is removed intact, but in over 30 percent of patients with gangrenous or perforated appendicitis(Condon, 1981).

The incidence of perforation is less than 20 percent in the first 24 hours of symptoms, but rapidly climbs to over 70 percent after 48 hous. There is considerable urgency in making a correct diagnosis and accomplishing appendectomy within 24 hours after the onset of symptoms in order to reduce the incidence of complications. The more frequent complications of appendectomy include wound infection, pelvic, subphrenic, and intraperitoneal abscesses, faecal fistule, pylephlebitis, and intestinal obstruction. (Condon, 1981).

Wound infection is the most common complication. During appendicectomy, the layers of the incision should be sedulously guarded against infection, which is so prone to occur after excision of a ruptured or gangrenous appendix. (Maingat, 1974).