INTRODUCTION.

Acute appendicitis always should be considered in any patient who complains of aldominal pain or who presents with minimal symptoms suggestive of peritoneal irritation (condon, 1981) . It is most common acute surgical condition in the abdomen (shephered, 1960). Appendicitis affect about 6% of population at some time during their lifes(condon and Gleysteen 1977).Approximately – 7% of the individuals in western countries develop appendicitis at some time during their lifes (Dunphy, 1981).

The incidence of acute appendicitis decreased from 10% of all surgical procedure in 1941 to only 2% in 1959 (Castelton et al., 1959). Over the past decade the incidence of appendicitis has remained more or less constant(lewis et al. 1975). The decreased incidence of appendicitis may be an effect of widespread use of antibiotic(condon, 1981). Appendicitis is rare before the age of 2 years but becomes increasingly common – during childhood and adolesence, the maximum incidence being in the second and third decade. The age incidence is probably determined by changes in the appendix during the various stages of life, in the very young the appendix is short with wide neck and patent, so drainage into the Caecum is good, with age the amount of lymphoid tissue in the wall increase causing attenuation of its lumen , so becomes susceptible to

partial or complete oblitaration of the lumen(Rifaat,1981).

The mortality risk of uncomplicated appendicitis is less than 0,1%, If treatment is delayed the mortality rises to 1,06% in gangerneus appendicitis and to 5% in perforated appendicitis in elder patients. Morbidity from wound infection , and similar problems is a feature in 10% 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 reduse morbidity and to prevent mortality is to perform appendicectomy before perforation and gangrene has occurred (condon, 1981).