

Take Constipation Appendix Disease Seriously

Hongyun P*

Department of General Surgery, The second affiliated hospital of nanchang university, 1 minde road, Nanchang city, ji- angxi province, China

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*Corresponding to:

Peng Hongyun,

Department of General Surgery, Second affiliated hospital of nanchang university, 1 minde road, Nanchang city, jiangxi province, China, E-mail: penghongyun0855@sina.com

1. Abstract

1.1. Objective: To pay attention to the “constipation appendicitis”, and to explore the clinical management strategy of reoperation due to the misdiagnosis of intractable constipation appendicitis.

1.2. Methods: 6 patients with intractable constipation underwent abdominal distention after resection due to misdiagnosis of appendicitis, and the intestinal obstruction could not be relieved. 4 patients underwent further exploration, 1 underwent right hemicolectomy, 1 underwent ileostomy, and 2 underwent ACE surgery.

1.3. Results: All the patients were rescued successfully with different complications. Conservative 2 patients died.

1.4. Conclusion: to explore the clinical management of early reoperation for intractable constipation misdiagnosed with appendicitis due to “constipation appendicitis”. ACE surgery is convenient, safe and feasible. The treatment effect for patients with intractable constipation is good, with the advantages of small incision, less bleeding, short operation and hospital stay, which is a practical operation mode clinically. The long-term effect is still worth observing.

2. Key Words: Intractable constipation; Appendicitis; ACE surgery

3. Introduction

Clinical often because “right lower abdomen ache” and wrong line appendectomy. The reason for this is that the painful area and the attack are very much like appendicitis. Especially long - term patients will be misdiagnosed as “chronic appendicitis” and “long - term treatment” and everything. However, there are still some symptoms that cannot be alleviated after surgery, and there are quite a few cases of intestinal obstruction and abdominal distension, even leading to serious consequences. Now 6 patients are reported as follows. The diagnosis and treatment of the disease should be paid attention to.

Clinical data and methods: there were 6 patients, 4 males and 2 females. Age range from 50 to 86. The common

feature is the right iliac dispersion, which is often accompanied by painful episodes such as gastrointestinal disorders and temperature response [1]. Abdominal discomfort on weekdays, especially dull pain in the lower abdomen on both sides, irregular defecation, but muddled-along, the medical history is long and the recent symptoms are aggravating, chronic appendicitis to be diagnosed surgery. Postoperative abdominal distention, complete or incomplete intestinal obstruction and gastrointestinal obstruction can be resolved at the end of 1 week and 1 month.

Results: 4 patients (2 male and 2 female) were diagnosed after 1 week At the end of one month.

Results: 4 patients (2 male and 2 female) underwent

reexploration after 1 week and 1 month, among which 1 patient underwent right hemicolectomy because of ileum stenosis and cecal ascending colon thickening, and frozen tissue biopsy showed schist soma egg deposition [2]. Ileostomy was determined in 1 patient due to abdominal and intestinal edema and extensive adhesion. ACE surgery was performed in 2 patients with dilatation of large intestine and lengthy colon. The other 2 male patients died after conservative observation without operation. The common postmortem report was that there was a hard fecal mass in sigmoid colon. Whole colon and small Intestinal dilatation, colonic verbiage colonic mucosa confined small ulcer, with bloody fluid. One patient died of asphyxiation due to obstruction of left and right main bronchi caused by aspiration due to intestinal hypertension and vomiting of gastrointestinal retention. One case presented with toxic shock and multiple organ failure.

3. Conclusion

Attention should be paid to gastrointestinal disorder “constipation type appendicitis”.

3.1. Objective

To explore the clinical management measures of early reoperation for refractory (habitual) constipation misdiagnosed as appendicitis, postoperative abdominal distention, complete or incomplete intestinal obstruction and gastrointestinal obstruction that can be removed at the end of 1 week and 1 month. ACE is a safe and easy operation method. For patients with “stubborn (habitual) constipation appendicitis” or “constipation appendicitis”, the treatment effect is good, with small incision, less bleeding, short operation and hospitalization time and other advantages, clinical is a practical surgical method. The long-term effect is still worth observing.

4. Discussion

Pseudoappendicitis first emerged in the 19th century. Appendicitis should be considered as the sum of the clinical symptoms of appendicitis (acute, subacute, and chronic), but there is no anatomical change in appendicitis. It is believed that the right iliac partic pain is the origin of pain perception due to the dysfunction of ileocecal valve and ileocecal valve. And it was

primarily associated with a neurological factor known as hysterical pseudoappendicitis (Talomon,1897). Brissaud also documented “phantom appendicitis (1897)” or “neuroappendicopathy of neuroappendicitis”. Clinical symptoms like bradycardia, hyperhidrosis, respiratory arrhythmia, vascular instability and dysmenorrhea are the same as those of ulcer [3].According to the Beijing union medical college hospital information (1960) in 64 cases of clinical diagnosis of chronic appendicitis, after appendectomy continued to have symptoms of patients, further examination found that only 4 cases of abdominal pain after the operation for unknown reasons, the other 60 patients with abdominal pain reason then prove for ulcers, chronic colitis, chronic constipation, chronic cholecystitis, chronic inflammation of the pelvic organs, mesenteric lymphatic tuberculosis, gastrointestinal function disorder, and pyelitis, ureteral stricture, spinal arthritis, etc. It is considered that appendectomy for these patients is totally unnecessary [2].The effectiveness of surgical treatment for chronic appendicitis depends on whether the diagnosis is correct or not. According to the follow-up results of 226 patients with chronic appendicitis who were clinically diagnosed in Peking union medical college hospital, 35% of the patients’ symptoms were not alleviated, mainly due to diagnostic errors. All patients should have sufficient diagnostic evidence before deciding on surgical treatment. Otherwise, standard treatment should be conducted for other suspected diseases and the efficacy should be observed. If it is indeed ineffective, appendectomy can be performed. Should avoid without careful fill to consider again namely rash decision operation, more cannot think appendectomy is small operation and do not take seriously, let do not have experience doctor operation to deal with casually, often produce great later trouble. Although the risk of routine appendectomy is small, unexpected complications and postoperative adhesion intestinal obstruction will also bring lei great trouble and pain, even life-threatening.

Recently there have been many new theories about the function of the appendix. It used to be thought that the appendix was a piece of intestine left over from human evolution that had no physiological function, and that it was inflamed, inviting disease, so it was surgically cut away. Lauren Martin, a professor of physiology

at Oklahoma state university, recently showed that the appendix plays an important role in fetuses and adolescence. Endocrine cells appear in the appendix around the 11th week of development. These endocrine cells in the fetal appendix have produced a variety of biological ammonia and peptide hormones, as well as compounds that contribute to biological control (homeostasis) mechanisms. The report, published online in the British journal of theoretical biology, says the role of the appendix appears to be linked to the abundance of bacteria in the human digestive system. There are more bacteria in the human body than human cells, and most of them are good bacteria that help digest food. But bacterial communities in the intestines sometimes die or are excreted. Diseases such as cholera and dysentery also remove beneficial bacteria from the intestines. The purpose of the appendix is to “reboot” the digestive system at such times. The appendix belongs to the immune system, the immune-carrying lymphocytes of childhood and youth. If removed or grown, its function is transferred to the lymph nodes and spleen. So there’s no significant effect on the human body. During development, however, the appendix functions as a lymphoid organ, promoting maturation of B lymphocytes, A type of white blood cell, and the production of immunoglobulin A antibodies. It seems that the appendix’s job is to expose white blood cells to large amounts of antigens, or foreign substances, in the gastrointestinal tract.

As far back as the 18th century, physicians had various anatomical diagnoses for right lower abdominal pain. For example, “periappendicitis (Puchelt, 1832)”, “periappendicitis (Oppolzer,1858)”, “iliac fossa abscess (h.h.nhporob,1852)”, “right iliac fossa abscess (Dupuytren,1833)”, etc., but it was not until 1890 that the American board of physicians established the term “appendicitis” to describe the various types of inflammation of the appendix. The cecum and appendix are not the same organ at all! The so-called caecum is the beginning of the large intestine, the lower end is an enlarged blind end, and the left side is connected with the end of ileum, and the upper ascending junction is bounded by the ileocecal valve and the ascending colon and ileum. Ileocecal valve is formed by the terminal ileum protruding into the cecum. The function of this valve is to prevent the content of the small intestine from flowing

into the large intestine too quickly, so that food can be fully absorbed in the small intestine, and prevent the content of the cecum from flowing back to the ileum. The cecum is similar in appearance and structure to the colon, and varies in thickness and thickness with contraction and expansion. Bulbous during dilation, the lumbrical process may migrate to the posterior side of the cecum [4].When the caecum contracts, the three colonic bands converge toward the apex, where the roots of the appendix and extend into the muscular layer of the appendix [5, 6].You can see the appendix between the small and large intestine, which AIDS digestion. Especially in the primitive society and the primitive environment, people and other animals are rough and difficult to digest food. The appendix is built like the large intestine, and it functions like it, but in different ways.E. it is the same as a “dragon”, such as the “head”, the anus rectum for “mouth”, appendix “hip”, namely “tail”, and appendix e. mainly production, storage and transport of shit, its paragraphs (appendix, cecum and ascending colon, transverse colon and descending colon and sigmoid colon, rectum and anus) function is different, each company accountable, theory of truth be short of one cannot, just once “constipation” or disabled, each other, is the most trouble on both ends, such as the anus and the appendix, but it is all colon problems, such as “slow transmission”, “expansion or thickening of the narrow”, “red front” and so on morphological and functional changes, However, in clinical practice, we treat both “signals” and “main symptoms”, but treat the symptoms rather than the root cause, or even get out of control. From the above situation, whether the existence of the appendix itself anatomical physiology shows that it is not “degenerate” but the evolution of human evolution; Intractable constipation and clinical symptoms it is not “cause” but “effect”. It should be treated seriously clinically. In case of “miscutting” and complications, the obstruction should be removed in time to avoid major future problems, and the treatment should be based on individual differences, and the simplified operation method is preferred, such as ACE surgery. It is necessary to pay attention to the diagnosis and treatment of “constipation appendicitis”.

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