



THE ROLE OF EARLY DIAGNOSIS OF ACUTE APPENDICITIS IN THE MORPHOLOGY OF THE DISEASE

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Abstract: *The medical history of 313 patients with acute appendicitis for 2020-2021 was retrospectively analyzed at the sub-branch of the Republican Emergency Medical Research Center of Vobkent district. Patients who underwent appendectomy were divided into the following groups depending on the time of hospitalization. In subgroup 1A (n=83) patients who underwent appendectomy within 10 hours of the onset of symptoms; In subgroup 1B (n = 176) cases were hospitalized within 20 hours of the onset of the disease and appendectomy was performed; Subgroup 1C (n = 54) included those who were admitted to the hospital within 36 hours of the onset of the disease and underwent appendectomy. The analysis of the obtained results showed that early diagnosis and surgery are directly related to the morphology of the appendix.*

Keywords: *appendix, appendectomy, morphology, path morphological change.*

Acute appendicitis is 65-78% of cases of surgical disease, 7-12% of which occur in complicated form, death occurs in 7-22.5% of cases of post-appendicitis peritonitis.

Clinical manifestations of acute appendicitis are not always typical. The clinical manifestations of this disease can be very diverse, with similar pathological anatomical changes in the appendix and surrounding organs, which is also related to the characteristics of each organism. The strength and localization of pain largely depends on the anatomical location of the appendix and the neuro-reflex reaction that occurs in response to inflammation in the appendix. When the initial symptoms of the disease appear, and the appendix has not yet undergone significant morphological changes, the patient's complaint may be manifested by abdominal pain and moderate dyspeptic symptoms. Sometimes a typical appendicitis scene is observed. However, when appendectomy is performed during this period, there may be no inflammatory changes (macroscopic and microscopic) in the appendix.

Occasionally, the appendix is excessively pale (a sign of a long-lasting spasm in the vessels), a sudden change is the first morphological sign of the appendix - such events are observed much frequently (15.6%-17.6%).

For this reason, if the clinical signs of acute appendicitis are clearly manifested, but there are no changes in the morphology of the appendix, it is considered to be the result of an early operation before the pathomorphological changes in the appendix. It should also be considered that if the reflex-functional changes are not too sharp and do not cause irreversible changes in the appendix wall, and the body's resistance to infection is high enough, then the pain attack is caused by pathomorphological changes in the appendix. "Changes can go back without aggravation, in which the clinical course of the disease gradually fades away. This is what A.A. Rusanov calls "appendicular colic", because appendicitis has not yet progressed. At the same time, this scientist points out that – in the majority of patients who have experienced appendicitis, such attacks are repeated, and two-thirds of patients will have to undergo an operation (appendectomy) later" (Sh.



Kh. Murli).

However, it has been highlighted for long that acute appendicitis progresses gradually and its stages are limited to certain time intervals. Such an opinion is wrong and harmful, because the pathologoanatomical changes in the appendix rapidly escalate, the infection may spread to the abdominal cavity (peritonitis), intoxication may increase, which will lead to serious consequences.

In other words, it is very difficult to know in advance how the focus of inflammation in the appendix will “behave”.

Materials and methods

The medical history of 313 patients with acute appendicitis for 2020-2021 was retrospectively analyzed at the sub-branch of the Republican Emergency Medical Research Center of Vobkent district. Patients who underwent appendectomy were divided into the following groups depending on the time of hospitalization. In subgroup 1A (n=83) patients who underwent appendectomy within 10 hours of the onset of symptoms; In subgroup 1 B (n = 176) cases were hospitalized within 20 hours of the onset of the disease and appendectomy was performed; In subgroup 1C- (n = 54), patients were admitted to the hospital within 36 hours of the onset of the disease and underwent appendectomy, abdominal resection and drainage. Equality perspective of groups in research patients aged 20 to 50 years and without concomitant diseases was selected.

Table 1. Statistics of the morphological changes in the sub-group 1A

Types of change	Number of patients	%
Catarrhal	65	78.3
Phlegmon	18	21.7
Gangrene	0	0
Total	83	100

Table 2. Statistics of the morphological changes in the sub-group 1B

Types of change	Number of patients	%
Catarrhal	18	10.3
Phlegmon	146	82.9
Gangrene	12	6.8
Total	176	100



Table 3. Statistics of the morphological changes in the sub-group 1C

Types of change	Number of patients	%
Catarrhal	2	3.7
Phlegmon	21	39.8
Gangrene	31	57.4
Total	54	100

As a result of an early referral in group 1A most of them – 83 patients (78.2%) were assessed having catarrhal changes. In group 1B patients who were brought within 20 hours, 2nd stage - phlegmonous morphological changes were observed in 82.9% during operative practice. The group of patients with the most gangrenous condition (57.4%) underwent appendectomy in 36 hours after or later from the onset of pain.

Summary:

The mentioned data show that morphological changes of the appendix are directly related to the time between the moment when the pain appeared and the time of the appendectomy procedure elapsed. In most cases, the deepening of the observed morphological change in appendix occurs as a result of relatively late operative practice. In a word, early diagnosis of acute appendicitis and early appendectomy will reduce the chance of progressing to the next stages in the morphology of appendix and ensure the patient's early return to a normal lifestyle.

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