

ABSTRACT

INTRODUCTION:

Abdominal pain is the commonest complaint requiring emergency surgical admission. The patient with acute abdominal pain requires detailed investigations but diagnosis can still remain uncertain. Moreover significant variations are noted in clinical features, laboratory and imaging studies with respect to age, sex and associated co-morbidities and added that one third of patients have non-specific abdominal pain. These difficulties notwithstanding, the surgeon must make a decision to operate or not. Once the decision for surgery has been made, the surgeon must choose the approach - laparotomy or laparoscopy There are two different clinical scenarios for which laparoscopy can be used in emergency department for acute abdominal pain. The first is that a provisional diagnosis is reached following examination and investigations and specific procedure is planned accordingly. The second is that abdominal pain of uncertain etiology where a diagnosis is not achieved after relevant investigations and thus the role of laparoscopy in such cases will be diagnostic.

METHODOLOGY:

All female patients attending surgical outpatient and emergency service during the study period will be screened to identify the cases of acute abdominal pain where diagnosis is not achieved with clinical examination and investigations. The investigator will apply the inclusion & exclusion criteria. Those meeting the study criteria will be invited to take part in the study and those who give consent will be recruited. Relevant sociodemographic and clinical details will be collected.

RESULTS:

Out of the 50 cases studied, all 50(100%)were female patients, the average age being 27.5 years. Abdominal pain was the universal complaint present in all 50 patients (100%), nausea was present in 24(48%), vomiting was present in 33 (66%), fever in 21 (42%) and tachycardia in 46(92%). In our study, 8 (16%) patients had undergone previous surgery. Laparoscopy was diagnostic in 49 patients (98%). Laparoscopy could accomplish treatment in 38 patients (76%). Unnecessary and non-therapeutic laparotomies were avoided in 10 patients (20%). Only 8 patients (16%) had to be subjected to laparotomy and open method for appropriate management. Average hospital stay was 6.8 days. Morbidity rate for laparoscopic surgery was 7.7%. There was no mortality in our study.

CONCLUSION:

Thus laparoscopy is of greater significance in evaluation of acute abdominal pain in women of reproductive age group where the diagnosis is ambiguous after clinical examination and investigations. It also helps in avoiding unnecessary further radiological investigations and exposure to radiation. It also helps in identifying other gynaecological causes of acute right lower quadrant pain which mimicks appendicitis and helps in avoiding unnecessary negative appendicectomy. Finally it could accomplish therapeutic intervention in significant number of patients.

KEY WORDS:

Acute abdominal pain, Laparoscopy, Acute appendicitis.