

* WHAT IS DIFFERENTIAL DIAGNOSES?

- ACUTE APPENDICITIS
- GASTROENTERITIS
- DIVERTICULITIS
- MESENTERIC ADENITIS
- PYELONEPHRITIS
- MITTLESCHMERZ
- OVARIAN TORSION
- RUPTURED OVARIAN CYST
- IBD

* WORK UP:

(1) HISTORY:

- MENSTRUAL CYCLE: LENGTH / DURATION / REGULARITY
- ANY ABNORMAL BLEEDING AND 1st DAY OF LAST CYCLE
- AND EVEN ALSO ASK PT IF SHE'S PREGNANT AND IF ~~IS~~ SO
- HOW DID SHE CONFIRMED IT?
- PREVIOUS ABDOMINAL SURGERY
- FAMILY HX OF IBD
- AND ALSO I WOULD REVIEW URINARY AND GIT SYSTEMS
- AND THEN DO A WHOLE SYSTEMIC REVIEW.

(2) EXAMINATION:

- I'll DO A FULL ABDOMINAL EXAM. LOOKING FOR
 - ↳ ROUSING'S SIGN → PAIN IN THE RLQ WHEN PRESSURE IS APPLIED IN THE LLQ
 - ↳ PSOAS SIGN → PAIN ON EXTENSION OF THE RIGHT HIP (RETROCECAL APPENDIX)
 - ↳ OBTURATOR SIGN → PAIN W/ PASSIVE ROTATION OF FLEXED RIGHT HIP
- DO A PELVIC EXAM (LOOKING FOR ADENEXAL MASS)

(3) LABORATORY TESTS:

- 1 CBC → ↑WBC
- 2 URINALYSES
- 3 PREGNANCY TEST

(4) IMAGING

- 1 USS
- 2 CT

(IF THE DIAGNOSIS IS STILL UNCLEAR AFTER MY PREVIOUS STEPS I WOULD GO ON AND DO IMAGING)

* DIAGNOSIS AND TREATMENT:

IT'S MOST LIKELY TO BE ACUTE APPENDICITIS
AND THE TREATMENT IS SWI SURGICAL APPENDECTOMY.

* SURGICAL APPROACH:

EITHER BY OPEN APPENDECTOMY
OR LAPROSCOPIC APPENDECTOMY.

(1) OPEN APPENDECTOMY:

- 1 INCISE THE SKIN AND SCISSOR EN AN OBLIQUE FASHION OVER MCBURNEY'S POINT.
- 2 ~~DO NOT~~ DIVIDE EXT. OBLIQUE APONEUROSES, INTERNAL OBLIQUE MUSCLE AND TRANSVERSUS ABDOMINUS IN THE DIRECTION OF THEIR FIBERS
- 3 ELEVATE AND DIVIDE THE PERITONEUM.
- 4 DIGITALLY EXPLORE THE ABDOMEN AND DELIVER THE APPENDER INTO THE WOUND.
- 5 DIVIDE THE MESO APPENDIX
- 6 LIGATE AND DIVIDE THE APPENDER AT ITS BASE
- 7 IRRIGATE THE APPENDICEAL STUMP USING 2 STICK
- 8 IRRIGATE THE ABDOMEN W/ STERILE SALINE
- 9 CLOSE THE ABDOMINAL WALL LAYERS.

(2) LAPROSCOPIC APPROACH:

- 1 INCISE THE SKIN ADJACENT TO THE UMBELICS AND THEN INFLATE THE ABDOMEN W/ CARBON DIOXIDE
- 2 PLACE A TROCAR AT THE UMBELICAL INCISION
- 3 INSPECT THE ABDOMEN TO ~~CONFIRM~~ CONFIRM THE DIAGNOSIS
- 4 PLACE 2 ADDITIONAL TROCAR
- 5 DISSECT OPEN A WINDOW IN THE MESO APPENDER NEAR BASE OF APPENDER
- 6 DIVIDE THE BASE OF THE APPENDER AND DIVIDE TAG MESO APPENDIX
- 7 REMOVE THE APPENDER THROUGH THE 1ST INCISION.
- 8 IRRIGATE THE ABDOMEN W/ STERILE SALINE
- 9 CLOSE THE ~~TROCAR~~ TROCAR INCISIONS.