

CORREALATION BETWEEN MANTRELS AND POSITION OF APPENDIX

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Abstract

Appendicitis is a common surgical problem world wide.Its treated by appendicectomy as an emergency procedure .During surgery the commonest difficulty encountered by the surgeon is locating the appendix. some time it is not at all visible. Some time even by ultra sonogram the position of appendix may not be able to locate.so in this study we have tried to correlate the MANTREL SCORING SYSTEM and the position of appendix .In this study we included 90 patients and we marked the MANTREL and located the site of appendix during surgery. Among the 90 patients retrocecal was 60,paracecal was 18,pelvic was 6 and preileal was 6.

Keywords:

Introduction

MANTRELS is commonly used scoring system to diagnose appendicitis .It is highly sensitive and specific, very simple ,easily calculated. No special instrument is required for the calculation. we conducted the study to assess any relation between MANTERLS and position of appendix. If it works we can preoperatively locate the position of appendix and during surgery we can easily locate the appendix

Material and methods

This is a single center trial. we included a series of patients who underwent open appedicectomy in our institution between april 2014 to september 2014 .No exclusion of patients. among THE MANTRELS scoring system we have taken only MANTREL and shift to left not taken consideration because that needs more complicated laboratory technique

Results

We enrolled 90 patients in the study .All are between 15 years to 55 years. We marked the MANTREL before surgery. During surgery we located the appendix. Among the 90 patients 60 were retrocolic , 18 were paracolic, pelvic and preileal were 6 each.(chart-1)

Retrocolic	60
Paracolic	18
Pelvic	6
Preileal	6
Total	90

	Total	M	A	N	T	R	E	L
Retrocecal	60	18	30	59	60	42	48	59
Paracecal	18	9	9	18	18	18	15	18
Pelvic	6	3	6	6	6	6	6	6
Preileal	6	3	6	6	6	6	6	3
Postileal	0	0	0	0	0	0	0	0

When looking in to the chart tenderness most sensitive finding present in all position of appendix. Migratory pain least sensitive especially in retrocecal type because out of 60 patients only 18 had migratory pain. Among the MANTREL all are present in pelvic type except migratory pain. Leucocytosis most sensitive in retrocecal and paracecal type out of 60 patients 59 had leucocytosis in retrocecal type and out of 18 patients with paracecal position all of the 18 patients had leucocytosis

Discussion

MANTRELS scoring system usually used to diagnose acute appendicitis .usually appendix is located by identifying taenia coli and trace it towards to the confluence. Location of appendix not possible even by ultrasonogram preoperatively .In this study we tried to correlate MANTRELS and the position of appendix. In our study we find that more features are present more in favour of pelvic or pre ileal appendix. Among MANTREL except migration of pain are positive in pelvic appendix. Among the MANTREL ,anorexia,nausea ,tenderness, rebound tenderness, elevated temperature present in preileal appendix. In retrocecal appendix tendernes was present in all cases. Among the other features nausea and leucocytosis present in 59 patients . migration of abdominal pain present in only 18 patients. when we taking all this into account we can see that more features of MANTRELS position of appendix can be either pelvic or preileal chart showing average score of MANTRELS

Preileal	7.5
Retrocecal	7.2
Paraceca	7.16
Pelvic	8.5

CONCLUSION

MANTRELS scoring system we are usually using for diagnosis of appendix.By this study we can use MANTRELS to locate the position of appendix preoperatively and during surgery we can search the sappendix in that position