

Appendicitis in Paediatric age group: A case report**Dr. Charushila Gawali, Dr. Surabhi Chitre (P.G. scholar)****Abstract:**

A 6 year old child came to us with presentation of pain in abdomen, nausea, vomiting with fever. The child complained of agonizing pain in the abdomen since one day which was not better even after passing flatus and stool and common home remedies for abdominal pain. The character of pain created a suspicion of acute appendicitis which was further confirmed with USG. The remedies Colocynthis followed by Phosphorus were given.

Keywords:

Acute Appendicitis, non-obstructive, Murphy's triad, Alvarado's score, Homoeopathy, Colocynthis, Phosphorus.

Introduction:

Appendicitis is one of the most common presentations of the acute abdomen and one of the most frequent indications for an emergent abdominal surgical procedure worldwide. ^[1] The diagnosis of acute appendicitis is predominantly a clinical one; many patients present with a typical history and examination findings. The cause of acute appendicitis is unknown but is probably multifactorial, luminal obstruction and dietary and familial factors have all been suggested. Appendectomy is the treatment of choice and is increasingly done as a laparoscopic procedure. ^[2] If left untreated, appendicitis may cause appendix to burst and cause infection. This can be serious and sometimes fatal. ^[3] Studies have shown a low incidence of acute appendicitis in the fall and winter, with a sharply rising incidence in the spring and summer months. ^[4] It is common in May and August, often called as epidemic appendicitis. ^[5] Diagnosis can be confirmed using USG, CT scan, other tests may include: blood tests and urine test. ^[8] **Alvarado's Score:** The Alvarado score enables risk stratification in patients presenting with abdominal pain, linking the probability of appendicitis to recommendations regarding discharge, observation or surgical intervention. Further investigations, such as ultrasound and computed tomography (CT) scanning, are recommended when probability of appendicitis is in the intermediate range. However, the time lag, high costs and variable availability of imaging procedures mean that the Alvarado score may be a valuable diagnostic aid when appendicitis is suspected to be the underlying cause of an acute abdomen, particularly in low-resource countries, where imaging is not an option. ^[6] A score of 5 or 6 is compatible with the diagnosis of acute appendicitis. A score of 7 or 8 indicates a probable appendicitis, and a score of 9 or 10 indicates a very probable acute appendicitis. ^[7]

Alvarado score	
Symptoms	
Abdominal pain that migrates to the right iliac fossa	1
Anorexia (loss of appetite) or ketones in the urine	1
Nausea or vomiting	1
Tenderness in the right iliac fossa	2
Signs	
Rebound tenderness (Blumberg)	1
Fever of 37.3 °C or more	1
Laboratory	
Leukocytosis > 10,000	2
Neutrophilia > 70%	1
Total	10

Case Presentation:

Presenting complaint and follow up: A 6 year old child came to us with severe pain in abdomen, fever since one day, the pain was more on the right side, the pain was not constant but appeared and disappeared in paroxysm. The pain started around the umbilical area and radiated towards the right lower abdomen and settled there. The child could not move in bed due to pain. The child was also complaining of nausea and one episode of vomiting, she was warm to touch on examination. The temperature was 101 degree F. (Murphy's triad) ^[5] There was pain and tenderness which was marked that the child refused anyone to touch the abdomen. The child was irritable due to pain. Based on this presentation the remedy Colocynthis 200 was prescribed, 4 pills diluted in half cup of water and administered every 30 minutes till the pain subsided. There was no much improvement seen even after 2 hours and the medicine potency was changed from 200 to 1M, again diluted and given every 30 minutes. After 2 doses of Colocynthis 1M the pain started reducing in intensity and the interval between the pain paroxysms started increasing. After administration of 8 doses the pain disappeared and the child was in a position to move. Further Colocynthis was followed by the remedy Phosphorus 30 TDS for a month to avoid the reoccurrence of appendicitis. The patient followed up for 3 months and was on phosphorus 30. There was no re-occurrence of any symptoms and the patient is still under observation on sac lac.

P/H and F/H: No significant past and family history.

Physical Generals: Appearance: Fair, lean and thin child.

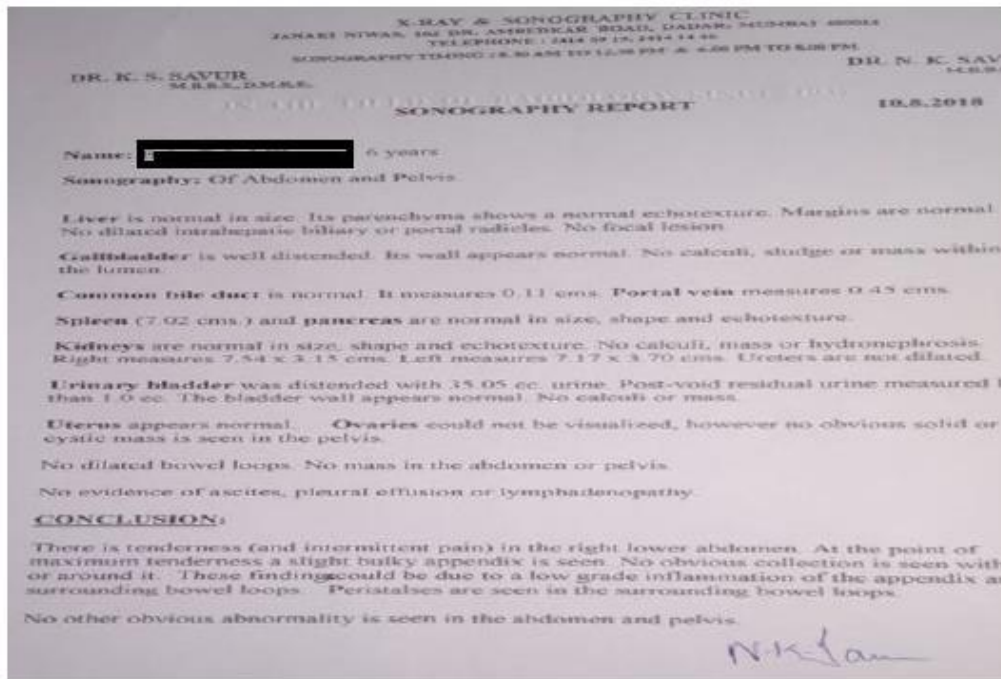
Desires: Chocolates. Rice, Ice cream

Aversion: Vegetables

Thermals: Chilly patient

Sleep: Position of sleep on sides

Report:



Repertorial analysis: [9]

Acute Totality

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
1. MIND - IRRITABILITY - pain, during (119) 2	2	1	1	-	1	1	1	-	-	-	-	-	-	-	-	-	3	2	-	1
2. STOMACH - THIRST - fever - during (121) 1	2	3	1	2	2	1	2	2	1	1	3	2	2	2	2	3	1	2	2	2
3. ABDOMEN - PAIN - motion - on (48) 1	-	-	1	2	-	-	-	1	1	1	3	2	2	3	-	-	-	-	-	2
4. ABDOMEN - PAIN - paroxysmal (85) 1	2	1	1	2	2	-	2	1	1	2	1	2	2	2	1	-	-	-	-	-
5. ABDOMEN - PAIN - touching - agg (17) 1	2	1	-	2	-	1	-	1	1	1	1	-	-	-	-	-	-	-	-	1

Chronic Totality

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. ABDOMEN - INFLAMMATION - Appendix (50) 1	3	3	-	1	1	3	2	2	2	1	-	-	3	-	-	2
2. CHEST - PERSPIRATION - Axia (nn) 1	1	3	3	1	3	2	2	1	-	-	1	1	-	-	-	2
3. SLEEP - POSITION - side, on (22) 1	3	-	1	-	-	-	-	-	1	3	-	-	-	2	3	2
4. GENERALS - FOOD and DRINKS - ice creams - desire (23) 1	3	2	2	1	-	-	-	-	-	1	1	1	-	-	-	1
5. GENERALS - FOOD and DRINKS - rice - desire (8) 1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
6. GENERALS - LEAN people (63) 1	2	2	3	1	1	2	2	1	1	-	1	1	-	1	3	-

Discussion:

Though the diagnosis in this case was confirmed after the USG reports but if this tool is not available then we can also make use of the Alvarado’s score to confirm the diagnosis of appendicitis. Phosphorus covered the totality and hence was prescribed after the acute attack subsided. Also the Materia Medica of phosphorus shows the sphere of action on appendix. [10]

Conclusion:

Homoeopathy can be effectively given in cases of Acute and Chronic appendicitis to avoid the complications and re-occurrences of the condition in Paediatric age group and the surgical intervention can be avoided. A case series study can be further carried out to confirm and verify such results.

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