H&E OF PAIN IN RIGHT ILIAC FOSSA (RIF)

PART I — HISTORY

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1. Identifying Data

- Age
  → Young (10–30 years) → Appendicitis common
  → Elderly → malignancy, diverticulitis
- Gender
  → Female → must consider gynecological causes
- Occupation

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2. Chief Complaint

- Pain abdomen × duration
- Vomiting × duration

- Fever × duration

HISTORY OF PRESENT ILLNESS (HOPI)

A. Pain

Use SOCRATES.

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1. Onset

- Sudden → perforation, ovarian torsion
- Gradual → appendicitis

Appendicitis usually starts gradually.

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2. Initial Site of Pain

Ask:
"Where did the pain start?"

Classic appendicitis:

- Starts around umbilicus (periumbilical)
- Later shifts to RIF

Why?

Visceral pain → midgut origin (T10 dermatome).

Later parietal peritoneum irritation → localized RIF pain.

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3. Migration of Pain

Ask:

"Did the pain move from somewhere else?"

Migration to RIF strongly suggests appendicitis.

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4. Nature of Pain

- Dull, aching initially
- Later sharp and localized

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5. Aggravating Factors

- Movement
- Coughing
- Walking

Why?

Peritoneal irritation increases pain on movement.

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6. Relieving Factors

Patient prefers lying still.

B. Associated Symptoms

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1. Nausea & Vomiting

Important sequence question:

Did vomiting start before or after pain?

Appendicitis:

Pain first → then vomiting.

If vomiting first → think gastroenteritis.

Examiner loves this.

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2. Fever

Low-grade fever common.

High-grade → perforation or abscess.

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3. Bowel Habits

- Constipation
- Diarrhea

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4. Urinary Symptoms

Burning micturition?

Important because:

- Ureteric stone may mimic RIF pain.

S. Gynecological History (in females)

- LMP
- Vaginal discharge
- Lower abdominal pain
- Pregnancy possibility

Why?

Rule out ectopic pregnancy, PID, ovarian torsion.

C. Past History

- Similar episodes?
- Previous surgery?

Recurrent pain → recurrent appendicitis.

PROVISIONAL DIAGNOSIS FROM HISTORY

"Acute appendicitis" if:

- Migratory pain
- Pain before vomiting
- Low-grade fever
- Localized RIF tenderness

PART 2 — EXAMINATION

Patient supine. Abdomen fully exposed.

GENERAL PHYSICAL EXAMINATION

- Fever
- Tachycardia
- Dehydration

ABDOMINAL EXAMINATION

Follow sequence:

Inspection → Palpation → Percussion → Auscultation

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1 INSPECTION

Look for:

- Abdominal distension
- Patient lying still (appendicitis patients avoid movement)
- Visible peristalsis (if obstruction)

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2 PALPATION (MOST IMPORTANT)

Start away from painful area.

A. Superficial Palpation

Look for:

- Tenderness in RIF
- Guarding

B. Deep Palpation

Maximum tenderness at:

📍 McBurney's Point ⭐
(1/3 distance from ASIS to umbilicus)

Suggests appendicitis.

C. Rebound Tenderness (Blumberg's Sign) ⭐

Press slowly, release suddenly.

Pain on release → peritonitis.

D. Rovsing's Sign ⭐

Press on left iliac fossa.

Pain in RIF → positive.

Why?
Gas pushes toward inflamed appendix.

E. Psoas Sign ⭐

Ask patient to flex right hip against resistance
OR extend right hip while lying on left side.

Pain → retrocecal appendix.

F. Obturator Sign ⭐

Flex hip and knee → internally rotate hip.

Pain → pelvic appendix.

G. Guarding ⭐

Voluntary or involuntary?

Involuntary → peritonitis.

H. Rigidity ⭐

Board-like abdomen → perforation.

3️⃣ PERCUSSION

- Localized tenderness on percussion
- Dullness if abscess

4️⃣ AUSCULTATION

- Bowel sounds normal or reduced
- Absent in peritonitis

DIFFERENTIAL DIAGNOSIS OF RIF PAIN

Surgical

- Acute appendicitis
- Appendicular mass
- Mesenteric lymphadenitis
- Meckel's diverticulitis
- Cecal carcinoma
- Ileitis

Urological

- Ureteric stone
- UTI

Gynecological

- Ectopic pregnancy

- Ovarian torsion
- PID

RED FLAG SIGNS

- High fever
- Tachycardia
- Board-like rigidity
- Hypotension

Suggest perforation.

VIVA QUESTIONS

- Why does pain migrate in appendicitis?
- What is McBurney's point?
- What are complications of appendicitis?
- What is appendicular mass?
- What is Alvarado score?

- Retrocecal vs pelvic appendix signs?

-> The End <-