



COMMENTARY



## Appendix Treatment and its Causes

Tohi Arki\*

Department of Dermatology, Syrian Private University, Damascus, Syria

### ARTICLE HISTORY

Received: 12-Jul-2022, Manuscript No. JCMEDU-22- 72591;  
Editor assigned: 14-Jul-2022, PreQC No. JCMEDU-22- 72591  
(PQ); Reviewed: 28-Jul-2022, QC No. JCMEDU-22- 72591;  
Revised: 4-Aug-2022, Manuscript No. JCMEDU-22- 72591 (R);  
Published: 12-Aug-2022

### Description

The appendix (or vermiform appendix; and the cecal (or caecal) appendix; vermiform; or vermiform process) is a finger-like tube, blindfolded attached to the cecum, where it grows into the embryo. The cecum is a structure similar to that of a large stomach, located at the junction of small and large intestines. The word "vermiform" comes from Latin and means "shaped like worms." The appendix was often regarded as a vestigial element, but this view has changed in recent decades. Although the base of the appendix is usually found 2 cm (0.79 in) below the ileocecal valve, the tip of the appendix can be found alternately in the pelvis, outside the peritoneum or behind the cecum. The frequency of different positions varies between the population where the recurrence rate is most prevalent in Ghana and Sudan, with 67.3% and 58.3% occurring, respectively, compared to Iran and Bosnia where the pelvic condition is most common, with 55.8% and 57.7% occurrences sequentially.

In a 2013 paper, the appendix was found to have changed at least 32 times (and maybe 38 times) and did not disappear more than six times. It produce the same results, although less positive, had at least 29 gains and greater losses of 12 (all unintelligible), and this is still very asymmetrical. This suggests that the cecal appendix has a selective benefit in most cases and strongly contradicts its unusual nature. This complex evolutionary history of the appendix, as well as its wide variation in the evolutionary rate at various taxa, suggests that it is a recurring factor. Surgical removal of the appendix is called appendectomy. This removal is usually performed as an emergency procedure when the patient is suffering from acute appendicitis. In the absence of surgical sites, intravenous antibiotics are used to delay or prevent the onset of sepsis. In some cases, appendicitis completely resolves; usually, a mass of inflammation forms around

the appendix. This is a surgical contraindication. The appendix is also used in the construction of the urinary tract, in surgery known as the Mitrofanoff procedure. In conjunction with many well-known features of the appendix, including its composition, its area just below the normal flow of food and bacteria in the large intestine, and its association with a large number of immune tissues. A study conducted at Winthrop University Hospital showed that people without supplementation had a fourfold chance of recurrence of *Clostridium mziile* colitis.

Appendicitis is an inflammation of the appendix. Symptoms usually include lower abdominal pain, nausea, vomiting, and decreased appetite. However, about 40% of people do not have these common symptoms. Severe complications of a broken appendix include widespread, painful inflammation of the lining of the abdominal wall and sepsis.

### Causes

Acute appendicitis appears to be the result of a major blockade of the appendix. When this blockage occurs, the appendix becomes filled with mucus and inflammation. This continuous production of mucus leads to increased pressure within the lumen and appendix walls. Increased pressure causes thrombosis and occlusion of small vessels, as well as stasis of lymphatic flow. At this point, automatic recovery is rare. As the blockage of blood vessels progresses, the appendix becomes ischemic and necrotic. As the germs begin to leak into the dying walls, pus develops inside and near the appendix (suppuration). The result is an eruption of the appendice ('appendix appendix') that causes peritonitis, which can lead to sepsis and in rare cases, death. These events are responsible for the slow-moving abdominal pain and other common symptoms.

Causes include bezoars, foreign bodies, trauma, intesti-

nal worms, and lymphadenitis and, more commonly, fecal deposits collectively known as appendicoliths or fecaliths. The potential for preventing fecaliths has attracted attention as their presence in people with appendicitis is higher in developed countries than in developing countries. In addition, complex appendicitis is often associated with complex appendicitis. Fecal growth and incontinence may play a role, as shown by people with acute appendicitis who move fewer intestines per week compared to healthy controls.

The occurrence of fecalith in the appendix was thought to be due to the right sewage right in the colon and the longer transport time. However, the duration of the migra-

tion was not observed in subsequent studies. Diverticular disease and adenomatous polyps were historically unknown and colon cancer was very rare in societies where appendicitis itself was rare or absent, as in various African communities. Studies have influenced the shift to Western low-fiber diets in increasing the frequency of appendicitis and other diseases mentioned above in these communities. And malignant appendicitis has been shown to occur before cancer in the colon and rectum. Numerous studies provide evidence that a low-fiber diet is involved in the pathogenesis of appendicitis. This low-fiber diet is accompanied by the emergence of fecal reservoir on the right side and the fact that dietary fiber reduces travel time.