

## Epidemiologic Perspectives of Incidental Appendectomy During Ovariectomy for Teratoma in a Developing Community, Nigeria

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### Abstract

*My interest in the field of Sociology flowered with a recent publication which pertained to using the reprint requests (RR) to trace how the brain drain phenomenon occurs throughout the whole world. Before it, with reference to a large Nigerian communal group called the Ibos or Igbos, there was a publication on ovarian disease called teratoma as well as on another on the desirability of going outside a major operation by including the removal of an uninvolved appendix! Accordingly, the purpose of this paper was to present the epidemiologic perspectives of patients and their doctors in a retrospective series emanating between the 1970s and 1990s, using data collected personally in a Regional Reference Laboratory situated in Enugu, erstwhile capital of the Eastern Region of Nigeria. This was done in agreement with a UK Group that attested to the importance of establishing histopathology data pool useful in epidemiologic analysis. The results are deemed to be worthy of documentation.*

### Introduction

In the Journal, Social Biology, I used the Reprint Request (RR) to trace the sociology of brain drain throughout the world [1]. With reference to the Nigerian Ethnic Group called the Ibos or Igbos, a RR from Birmingham in the United Kingdom intimated that the establishment of a histopathology data pool could promote epidemiologic analysis [2,3]. On that account, as the pioneer pathologist, who manned the Regional Reference Pathology Laboratory, I was enabled to publish on Igbo females as regards the vulva the uterine cervix and tubal pregnancy [4-6]. Accordingly, having also dealt with incidental appendectomy it occurred to me to investigate the epidemiologic perspectives of patients who underwent ovariectomy in combination with incidental appendectomy in this developing community.

### Investigation

The analysis in this research is based on the survey of personally kept records of 53 females who had both ovariectomy and appendectomy. Each appendix was submitted in a preservative, the accompanying a Histopathology Request Form containing the following: name, age, date of operation, place of operation, and name of the operator. The findings from the microscopic examination, which was also carried out by the author, were recorded personally throughout.

### Results

One specimen was not fixed properly and became autolysed and unfit for study [8]. Therefore, 52 cases remained for assessment. The peak age group was from 20 to 39 years. Clearly, much older

patients were not offered operative removal of their appendix. On the other side, the youngest patient was but 4 years old.

The lesion preponderated on the left side in 23 cases. The right organ was affected 19 times. Both organs were attacked 7 times, while the side involved was not given on 4 occasions.

The hospitals where the operations were carried out were situated in 5 towns. Enugu, the cosmopolitan city was the major center, this being involved in as many as 34 cases. This was followed by the missionary centre, Afikpo (14 cases), Onitsha (2 cases), Oko and Nkalagu (one each). Of the 21 operators themselves, Rev Sister Twomey led with 9 cases, followed by Dr Nwankwo, 8 cases; Dr Anozie, 5 cases; Dr Uche; 4 cases, Drs Ikeme and Megafu, 3 cases each; Drs Osefo, Gini, Chukudebelu, and Esege, 2 cases each; with 13 doctors sending only single specimens.

As regards microscopic analysis, as many as 25 cases appeared normal. The next commonest group showed chronic appendicitis obliteraterans (10 cases). Notable were abortive appendicitis, 9 cases; chronic per appendicitis, 6 cases; acute per appendicitis and pus in the lumen, 5 cases each; and single cases of sub-acute appendicitis and Ascaris worm infestation. There was no variation in temporal incidence as shown during the 1970s, 18 cases; 1980s, 18 cases; and 1990s, 16 cases.

### Discussion

The commonest result was normalcy of the removed appendix in this series. This was the prevailing view of Keeley and Schairer

when their operative combination was with groin herniorrhaphy. Perhaps, the quaintest was the discovering of parasitic eggs as was reported by other of researchers in this area and from India where ascaris worms abounded in children [9-11].

It is worth adding that special attention had been paid to “abortive appendicitis” by Howie and appendicitis obliterans also stood out [12].

On a special scale, Salom’s group assessed the complication rates of incidental appendectomies in women undergoing benign gynecologic procedures [13]. They found that it did not increase postoperative complication rates or length of hospital stay. In this context, as in my series, fibrous obliteration was their most common finding. In their textbook, Macfarlane and Thomas included Fig 59 as being illustrative of obstruction from scarcity [14]. An early account in the western part of the country did mention cases of “obstruction from bands [15].” In those days, figures abounded when Taniguchi and Kukenny linked with gynecology to review 522 cases and “fibrosis with obliteration of the lumen occurred in normal appearances where fibrosis with obliteration of the lumen occurred in 73 cases [16].”

Another epidemiologic angle was investigated in South Korea by Wie’s associates [17]. They considered that, since ovarian endometriosis is a marker of more extensive pelvic and intestinal disease, they evaluated the feasibility and efficacy of incidental appendectomy in laparoscopic surgical treatment for ovarian endometriosis. Surprisingly, histopathology did not reveal the above oblitative changes; what stood out was lymphoid hyperplasia. Incidentally, this lesion was not observed in my series.

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