

# Dedication

To my parents,  
To anyone who taught  
me a letter,  
To my friends,  
And to all my family.

# Acknowledgements

First and foremost, I would like to express my deepest gratitude to Dr. Hussein Ahmed Hassan for his support and guidance. Without his help this work could not have been accomplished.

I also would like to thank Mr. Ali Mohamed Abdelrazig for his invaluable comments on the work. My thanks also go to Khartoum Teaching Hospital (KTH) and East Nile Hospital (ENH) staff for their help.

Finally, I would like to sincerely thank my family for their consistent mental support.

## Contents

No.	Item	Page No.
	Dedication.....	I
	Acknowledgements .....	II
	Contents.....	III
	List of tables .....	VIII
	List of figures .....	IX
	Abstract [English] .....	X
	Abstract [Arabic] .....	XI
 Chapter One: Introduction 		
1.1	Introduction.....	2
1.2	Problem.....	4
1.3	The general objective of the study.....	4
1.4	Thesis outlines.....	5
 Chapter Two: Background 		
2.1	Anatomy and physiology.....	7
2.1.1	Anatomical variations of the appendix.....	8
2.1.2	Clinical importance of appendicular locations.....	8
2.1.3	Blood supply of the appendix .....	8
2.1.4	Lymphatics.....	9
2.1.5	Innervations .....	9
2.2	Detect Acute Appendicitis .....	9
2.3	Pathology of the appendix.....	11
2.3.1	Appendicitis.....	11
2.3.2	Etiology of Appendicitis.....	13

2.3.3	Symptoms of Appendicitis.....	13
2.3.4	Appendicitis Diagnosis.....	14
2.3.5	Appendicitis Treatment.....	14
2.3.6	A prevention of appendicitis.....	15
2.4	Technique and Patient position.....	15
2.4.1	Normal appendix.....	15
2.4.2	Imaging.....	16
2.4.3	Ultrasonographic findings.....	21
2.4.4	Appendicitis findings .....	21
2.4.5	Suppurative appendicitis.....	24
2.4.6	Gangrenous appendicitis.....	25
2.4.7	Perforated appendicitis.....	26
2.4.8	Periappendiceal phlegmon and abscess.....	27
2.4.9	Alternative disease.....	28
2.4.10	Color Doppler ultrasonographic findings.....	29
2.4.11	False positives/negatives .....	30
2.5	Ultrasound Physics.....	31
2.5.1	Definition of Ultrasound.....	31
2.5.2	Advantages of Ultrasound.....	31
2.5.3	Disadvantages of Ultrasound.....	31
2.5.4	Producing a sound wave.....	32
2.5.5	Receiving the echoes.....	33
2.5.6	Forming the image.....	33
2.5.7	Scanner types.....	34
2.5.7.1	Sector/Vector Scanner.....	35

2.5.7.2	Curved Scanner.....	35
2.5.8	Properties of an ultrasound wave.....	35
2.5.9	Interactions of ultrasound with soft tissues.....	36
2.5.9.1	Attenuation.....	36
2.5.9.1.1	Attenuation: Intensity.....	36
2.5.9.2	Amplitude.....	37
2.5.9.3	Distance measurement.....	37
2.5.9.4	Refraction.....	37
2.5.9.5	Interactions types.....	37
2.5.9.6	Affecting attenuation.....	37
2.5.9.7	Reflection.....	38
2.5.9.8	Absorption.....	38
2.6	Previous studies.....	39

### CHAPTER THREE

#### Material and Methods

3.1	Material.....	47
3.1.1	Patients.....	47
3.1.2	Machine used.....	47
3.2	Methods.....	47
3.2.1	Techniques.....	47
3.2.2	Image interpretation.....	48
3.2.3	Data analysis.....	48

### CHAPTER FOUR

RESULTS	50
---------	----

Chapter Five

Discussion, Conclusion & Recommendations

5.1	Discussion .....	57
5.2	Conclusion .....	58
5.3	Recommendations .....	59
	REFERENCES.....	60
	Appendices.....	64

**List of tables:**

No.	Item	Page No.
Table( 2.1)	Significantly different incidence in nonperforated and perforated appendicitis.....	19
Table(4.1):	Patients' data (Gender) .....	50
Table(4.2):	Patients' data (age) .....	51
Table(4.3)	Clinical information.....	52
Table(4.4)	Appendix (Perforated & None) .....	53
Table(4.5)	Ultrasound findings.....	54
Table(4.6)	Ultrasound and Laboratory findings.....	55

## List of figures:

No.	Item	Page No.
Figure(2.1)	Progressive of infection of appendix.....	10
Figure(2.2)	Anatomy of Appendix.....	11
Figure(2.3)	Appendicitis.....	12
Figure(2.4)	Normal appendix .....	15
Figure(2.5)	Suppurative appendicitis (A).....	23
Figure(2.6)	Phlegmonous appendicitis .....	23
Figure(2.7)	Suppurative appendicitis (B) .....	24
Figure(2.8)	Gangrenous appendicitis.....	25
Figure(2.9)	Distended gangrenous appendix.....	26
Figure(2.10)	Perforated appendix.....	27
Figure(2.11)	Periappendiceal abscess formation.....	28
Figure(2.12)	Suppurative appendicitis (Doppler U/S) .....	29
Figure(2.13)	Producing a sound wave.....	32
Figure(2.14)	Sector types.....	35
Figure(4.1)	Patients' data (Gender) .....	50
Figure(4.2)	Patients' data (age) .....	51
Figure(4.3)	Clinical information.....	52
Figure(4.4)	Appendix (Perforated & None) .....	53
Figure(4.5)	Ultrasound findings.....	54
Figure(4.6)	Ultrasound and Laboratory findings.....	55

## ABSTRACT

Ultrasound is a technology using ultrasound in medical imaging, and uses sound waves with frequencies greater 20 kHz; which greater than the frequencies that the human's ears hear. The idea of the work of those medical devices depends on the ultrasound waves that fall on the body and reflected from it.

Ultrasound is the gold standard for detection of soft tissue.

This study aims to determine the fundamental changes in the image of ultrasound of appendicitis. The study was conducted on a sample containing the suspected infected with appendicitis, the patients were prepared and ultrasound examinations were performed by a number of ultrasonic machines.

A total of 38 patients were examined in both the Khartoum Teaching Hospital (KTH) and East Nile Hospital, typical in the period from September to December 2011. The average age of the patients ( $21 \pm 6$ ) years.

The study showed that the use of ultrasound in the diagnosis of appendicitis leads to see how the appendix inflamed or not, and this by either a presence of fluid collections around it or the mass.

Finally, the ultrasound is the first choice for diagnosis of appendicitis.

**المخلص:**

الموجات فوق الصوتية هي تكنولوجيا تستخدم الموجات فوق الصوتية في التصوير الطبي، وتستخدم موجات صوتية ذات ترددات أكبر 20 كيلو هرتز؛ أي أكبر من الترددات التي تسمعها أذن الإنسان. وتعتمد فكرة عمل تلك الأجهزة الطبية على الأمواج الفوق صوتية التي تسقط على الجسم وتنعكس عنه. تعتبر الموجات فوق الصوتية هي المعيار الذهبي للكشف عن الأنسجة الناعمة.

تهدف هذه الدراسة لتحديد التغيرات الأساسية في صورة الموجات فوق الصوتية للزائدة الدودية الملتهبة.

أجريت الدراسة على عينة تحتوي على مشتبه بإصابتهم بالتهاب الزائدة الدودية، تم تحضير المرضى وعمل فحص موجات فوق الصوتية بعدد من أجهزة الموجات فوق الصوتية.

تم فحص 38 مريضا بكل من مستشفى الخرطوم التعليمي و مستشفى شرق النيل النموذجي في الفترة من سبتمبر وحتى ديسمبر 2011.

بلغ متوسط العمر للمرضى (21±6) سنة.

أظهرت هذه الدراسة أن استخدام الموجات فوق الصوتية في تشخيص الزائدة الدودية الملتهبة يؤدي لمعرفة مدى الزائدة الدودية ملتهبة أم لا، وذلك بوجود تجمع للسوائل حولها أو بها ورم.

أخيرا، الموجات فوق الصوتية هو الخيار الأول لتشخيص التهاب الزائدة الدودية.