

Appendicitis

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Background:

Appendicitis is a common condition in both children and adults. It has a variety of clinical presentations that can make diagnosis difficult. It is defined as the inflammation of the appendix. The appendix is a small worm-like appendage near the front end of the large intestine. Its function is unknown, however, it is the culprit of being a hiding place for food, feces, enlarged lymph nodes, and inflamed tissue that can result as a breeding ground for bacteria. This article will focus on the common presentation, and then what is done in the case of uncommon presentations.

What is the Classic Presentation?

The textbook presentation of appendicitis is described as abdominal pain beginning around the belly button, and then migrating to the right side of the lower abdomen. This is usually accompanied by nausea, vomiting, fever, loss of appetite, and pain that worsens with movement, walking, coughing, laughing, and sneezing. Also, patients are usually lying down, flexing their hips, and drawing their knees up to reduce movements and to avoid worsening the pain.

What x-rays or tests will be done?

Imaging studies become very important. The CT scan has become the most popular mode of imaging to diagnose appendicitis. A plain abdominal x-ray may pick up

a fecolith, (calcified feces in the appendix that would support the diagnosis of an appendicitis.) The doctor may do blood tests to look for signs of elevated white blood cells in the blood. A urine sample may also be performed. Women may undergo a pelvic exam to look for gynecologic causes of abdominal pain. The physician will gently palpate your abdomen looking for local signs of pain or inflammation. He or she may also have you stand, walk and even jump to see how much pain is transmitted to the abdominal wall.

Should I have Surgery?

It is tough to pinpoint appendicitis as the single diagnosis and statistics report that 1 of 5 cases of appendicitis is misdiagnosed. In addition a normal appendix is found in 15-40% of patients who have an emergency appendectomy. However, surgery is clearly the mainstay of treatment if left untreated, appendicitis has the potential for severe complications, including perforation or sepsis, and may even cause death. Even with the advancement of modern day antibiotics, surgery remains the best form of treatment for appendicitis.

References

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