Pre - operative evaluation of clinical score system (Modified Alvarado score) in the diagnosis of acute appendicitis in men and children. : A prospective study

Thesis

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by

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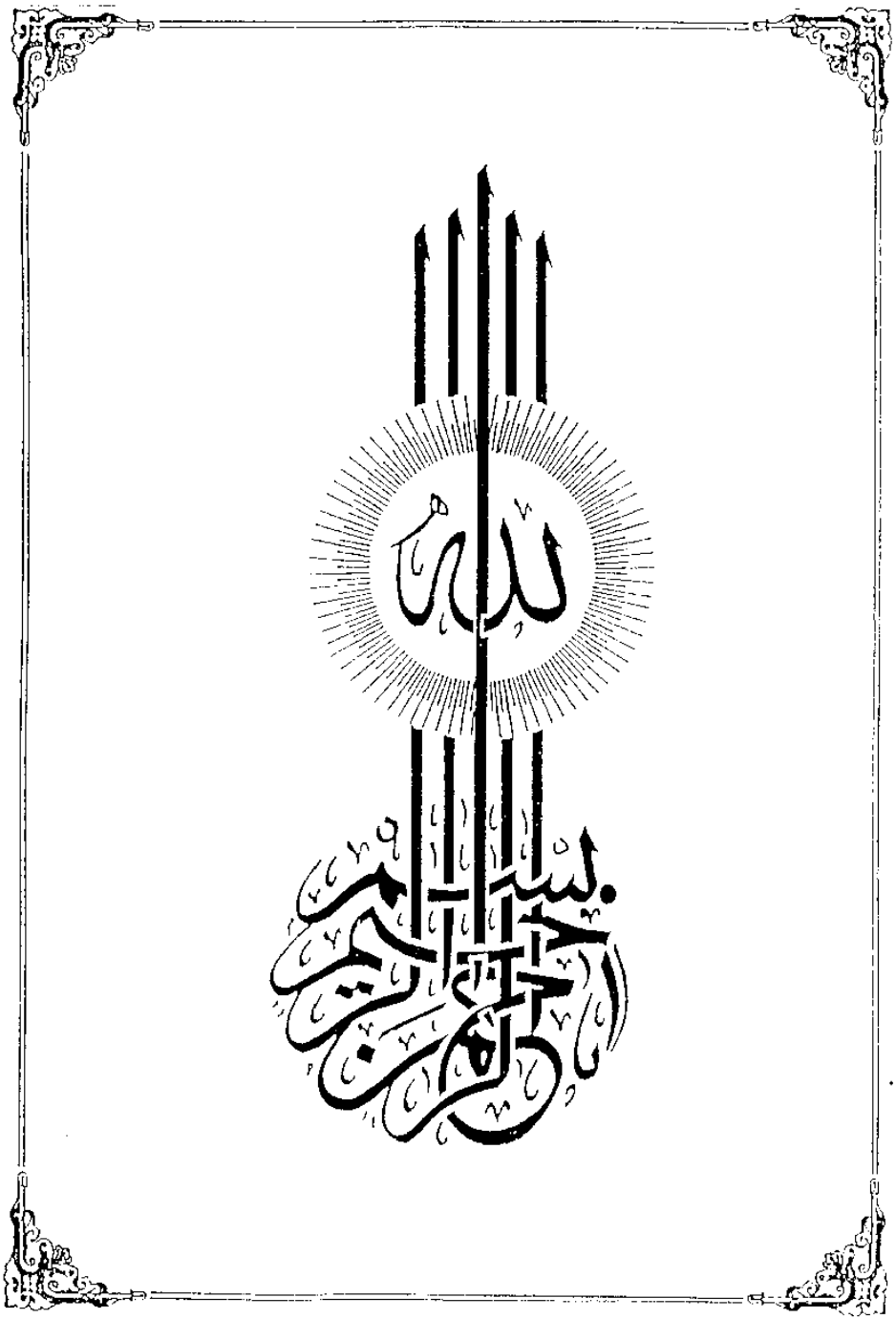

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Appendectomy is the most common surgical operation of the acute abdomen. Despite its frequency and it's well-known classic finding, appendicitis can be a difficult disease to diagnose; and not infrequently surgery for appendicitis is performed only to find a normal appendix. *[Chang et al.; 1973].*

The current surgical literature contains very little on the subject of the error rate in the diagnosis of appendicitis and the removal of the normal appendices. *[Silberman; 1981].*

The early surgical removal of the appendix was first accepted by Fitz and McBurney in 1880s and 1890s; however for the next few decades, patients with appendicitis usually were not operated upon before perforation.

As the possibilities of preventing rupture and septic complications become recognized, the surgical aim change to earlier appendectomy. To achieve decreased mortality by timely operation, a certain degree of diagnostic inaccuracy as negative laparotomy has been accepted.

Negative laparotomy and perforation remain significant problems. *[De Laney et al.; 1989]*

The preoperative accuracy of appendicitis reported in the study done by *[Chang et al.; 1973]* was 79 % for males, and 45 % for females.

Another study done by *[Jess et al.; 1981]* indicated a diagnostic accuracy of 75 % for men and 65% for women.

Hoffman and Rasmussen have still to report in 1989. "A usually accepted figure of negative Appendectomy of 15 - 30 %." They are right to conclude that these figures are "no longer justifiable ..... And can and must be reduced " *[Jones; 1990]*.

In seeking such an improvement it is essential to take account of the wide spectrum of conditions that can present with acute pain in the right lower quadrant, many of which do not require surgical correction.

Females also had a significantly greater percentage of non-surgical disease presenting as appendicitis, these differences are primarily due to gynecological disease that are frequently confused with appendicitis. In children the preoperative diagnosis of appendicitis is difficult because non-specific abdominal pain and other conditions that mimic acute appendicitis are so common. *[Jones; 1976]*.

Acute appendicitis remains a diagnostic challenge to the surgeons in part, this is because of variable presentations of the