

Surgery sooner rather than later better for children with perforated appendicitis

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For children with a perforated appendix, early appendectomy appears to reduce the time away from normal activities and has fewer adverse events as compared to another common option, the interval appendectomy, which is performed several weeks after diagnosis, according to a report published online first in the *Archives of Surgery*. The paper will appear in the June 2011 print issue of the journal.

"Appendicitis is the most common gastrointestinal condition that requires urgent surgical treatment in children in the United States," according to background information provided by the authors. About 30 percent of the cases are perforated appendicitis. For acute, nonperforated appendicitis, the universally accepted treatment is urgent appendectomy. But, for children with perforated appendicitis, there are two commonly used surgical treatment options: early appendectomy, in which the patient undergoes surgery within the first 24 hours of hospitalization, and interval appendectomy, in which the surgical removal of the appendix is planned for 6 to 8 weeks after the initial diagnosis and the patient has left the hospital and returned to normal activities. The authors note the potential advantage of the interval appendectomy is to perform the operation when contamination in the [abdominal cavity](#) has resolved, potentially resulting in fewer surgical complications.

To compare the effectiveness and adverse event rates of early versus interval appendectomy, Martin L. Blakely, M.D., M.S., from University of Tennessee Health Science Center, Memphis, Tenn., and colleagues

evaluated the surgical outcomes of 131 patients under the age of 18 who had a preoperative diagnosis of perforated appendicitis between October 2006 and August 2009. The patients were randomized into two groups: 64 were in the early appendectomy group and 67 were in the interval appendectomy group. The researchers used time away from normal activities and overall adverse event rates (such as, intra-abdominal abscess, surgical site infection, unplanned readmission) as the main outcome measures.

"Early appendectomy, compared with interval appendectomy, significantly reduced the time away from normal activities (average, 13.8 vs. 19.4 days)," the authors report. The overall adverse event rate was 30 percent compared to 55 percent for early versus interval appendectomy. The total length of [hospital](#) stay was also reduced by an average of more than two days for patients receiving the early appendectomy compared to those who received the interval appendectomy. Some of the patients in the interval group (23 patients or 34 percent) had an appendectomy earlier than planned because of failure to improve (17 patients), recurrent appendicitis (five patients), and other reasons (one patient).

"We found that those treated with early appendectomy return to normal activities an average of five days earlier. Because a child's time away from normal activities limits parents' abilities to work, we believe it is an important outcome from a patient and family perspective," the authors remark. "The overall adverse event rate after early appendectomy was significantly lower compared with interval [appendectomy](#)," the authors conclude.

More information: Arch Surg. [doi:10.1001/archsurg.2011.6](https://doi.org/10.1001/archsurg.2011.6)

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