

Treating acute appendicitis with antibiotics not as effective as having appendix removed

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Treating acute appendicitis with antibiotics is not as effective as the gold standard treatment of having the appendix surgically removed (appendicectomy). This is the conclusion of an Article in this week's edition of The *Lancet*, written by Professor Corinne Vons, Assistance Publique-Hôpitaux de Paris and Université Paris XI, Paris, France, and colleagues.

Researchers have suggested that [antibiotics](#) could cure acute appendicitis. In this study, the authors assessed the efficacy of amoxicillin plus clavulanic acid by comparison with emergency appendectomy for treatment of patients with uncomplicated acute appendicitis.

In this randomised controlled trial 243 adult patients (aged 18 years) with uncomplicated acute appendicitis, as assessed by CT scan, were enrolled at six university hospitals in France. Patients were allocated randomly in a 1:1 ratio to receive amoxicillin plus clavulanic acid (3 g per day) for 8 days or emergency appendicectomy. The primary endpoint was occurrence of postintervention peritonitis (inflammation of the wall of the abdominal cavity) within 30 days of treatment initiation.

The researchers found that 30-day postintervention peritonitis was significantly more frequent in the antibiotic group (8%) than in the appendicectomy group (2%). In the appendicectomy group, despite CT-scan assessment, 21 (18%) of 119 patients were unexpectedly identified at surgery to have complicated appendicitis with peritonitis. In the

antibiotic group, 12% of 120 patients ended up having an appendicectomy during the first 30 days and 30 of 102 underwent appendicectomy between 1 month and 1 year, 26% of whom had suffered a recurrence of [acute appendicitis](#).

The authors conclude: "Our results suggest that emergency appendicectomy remains the gold standard for treatment of acute uncomplicated appendicitis."

In a linked Comment Dr Rodney J Mason, University of Southern California, Keck School of Medicine, Los Angeles, CA , USA, points out that antibiotic resistance could be why treatment failed in some cases, and that a different antibiotic could produce better results in those cases. He concludes: "I congratulate Vons and colleagues for tackling this important, controversial, and relevant topic. Hopefully their conclusion...will not overshadow major advances that have been made in the past 15 years towards the conservative treatment of appendicitis. The fact that two-thirds of patients can be spared an operation deserves more attention."

Provided by Lancet

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