

# Factors identified for failure of nonoperative treatment of pediatric appendicitis

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For pediatric patients receiving nonoperative management of

uncomplicated appendicitis, higher pain level at presentation is associated with an increased risk for in-hospital treatment failure, according to a study published online May 2 in *JAMA Network Open*.

Peter C. Minneci, M.D., from The Ohio State University College of Medicine in Columbus, and colleagues examined factors associated with the failure of nonoperative management of uncomplicated appendicitis and compared patient-reported outcomes for those with and without [treatment failure](#) in a subgroup secondary analysis that included 370 children aged 7 to 17 years with uncomplicated appendicitis who were enrolled in a prospective, nonrandomized clinical trial.

The researchers found that at one year, treatment failure occurred in 33.8 percent of the 370 [patients](#) enrolled in a nonoperative group, with 14.3 percent undergoing appendectomy during initial hospitalization and 19.5 percent experiencing delayed treatment failure after discharge from hospital. Higher patient-reported [pain scores](#) at [presentation](#) were associated with an increased risk for in-hospital treatment failure, but not delayed treatment failure or overall treatment failure at one year. Pain duration greater than 24 hours was associated with a decreased risk for delayed treatment failure, but not in-hospital treatment failure or treatment failure at one year.

"Families need to be made aware that treatment failure is not uncommon, and they should be provided with anticipatory guidance on how to proceed should symptoms recur," the authors write. "Future research is needed to better define the patient-specific factors associated with the probability of treatment success of nonoperative management of uncomplicated appendicitis."

**More information:** [Abstract/Full Text](#)  
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