

## PROSPECTIVE STUDY OF DIAMETER OF APPENDIX IN DIAGNOSIS OF ACUTE APPENDICITIS

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### Abstract

**Background:** Acute abdominal pain is a common complaint among emergency department patients. Diagnostics of one of the most common pathologies behind acute abdominal pain, acute appendicitis, has radically changed over the last decades.

**Methods:** The source of data was from pretested proforma which takes into account clinical history, general physical examination, relevant investigations, imaging modalities.

**Results:** In our study appendix diameter test sensitivity was 95.02%, specificity was 86.24 %, positive predictive value was 97.24%, negative predictive value was 64.66% and diagnostic accuracy was 94.00%.

**Conclusion:** Measuring appendix diameter by USG pre-operatively reducing the rate of negative explorations

**Keywords:** Appendix diameter, Appendectomy, negative explorations

### Introduction

Acute abdominal pain is a common complaint among emergency department patients. Diagnostics of one of the most common pathologies behind acute abdominal pain, acute appendicitis, has radically changed over the last decades. Traditionally, the diagnosis of appendicitis was made solely based on clinical symptoms and signs, and later diagnosis included results of inflammatory laboratory variables such as leukocytes, neutrophils, and CRP. This practice in diagnostics led to a false positive diagnosis (negative appendectomy) rates in the range of 15-30%<sup>1-3</sup>.

The diagnosis of acute appendicitis is essentially clinical; however a decision to operate based on clinical suspicion alone can lead to removal of a normal appendix in 15-30% cases. The premise that it is better to remove a normal appendix than to delay diagnosis doesn't stand up to close scrutiny, particularly in the elderly. A number of clinical and laboratory based scoring systems have been devised to assist diagnosis. The most commonly used is the Alvarado score and equally its modifications<sup>4</sup>.

In this study we correlate the quantitative serum levels of CRP with the diameter of appendix in acute appendicitis. This study emphasizes the impact of normal rather than raised serum C-reactive protein in reducing the rate of negative explorations.

### MATERIALS AND METHODS

#### Source data

The source of data was from pretested proforma which takes into account clinical history, general physical examination, relevant investigations, imaging modalities. The study was performed on 100 patients admitted in Department of general surgery, Sardar Patel Medical College and Associated Group of Hospitals, Bikaner. They were diagnosed clinically as to have acute appendicitis after satisfying inclusion and exclusion criteria in this study.

They were included after explaining them about the study and taking their written consent.

#### INCLUSION CRITERION

The inclusion criteria are following:

1. All the patients who were admitted S P Medical College and Associated Group of Hospitals, Bikaner, during the study period with diagnosis of acute

appendicitis and posted for surgery were included in the study.

2. Patients in the age group 12 to 50 Yrs.

#### EXCLUSION CRITERION

The exclusion criteria are following:

1. Children below 12 years and elderly above 50 years was excluded

2. Patients who were managed conservatively or Individuals who had undergone appendectomy for pain abdomen was excluded from this study.

3. Patients with past history of jaundice, signs and symptoms of liver disease, chronic alcoholic and with other coexisting acute inflammatory conditions were excluded

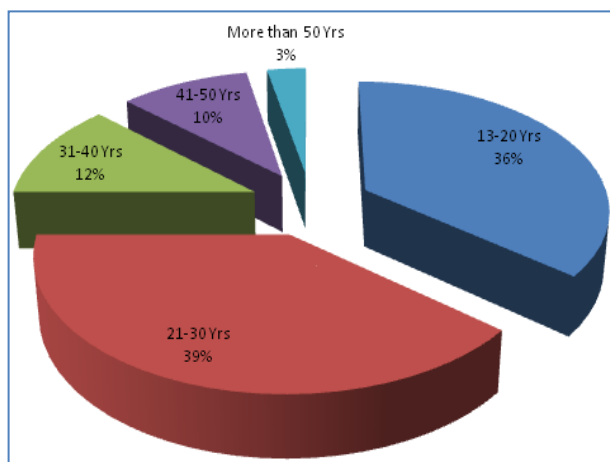
Ultrasonography:

Diameter of appendix in acute appendicitis was measured by ultrasonography.

Statistical analysis :

Datas were analysed in terms of demographic , clinical features, blood tests -white blood cells and diameter of appendix in acute appendicitis as per ultrasonography reports preoperatively.

#### OBSERVATIONS & RESULTS



Graph 1:

Table 1 : Appendix diameter

Appendix diameter	No. of patients
0-6 mm	18
6-8 mm	37
8-10 mm	38
10-12mm	7

Table 2 : Diagnostic accuracy of appendix diameter

Sensitivity	95.02%
Specificity	86.24%
Positive predictive value	97.24%
Negative predictive value	64.66%
Diagnostic accuracy	94.00%

In our study appendix diameter test sensitivity was 95.02%, specificity was 86.24 %, positive predictive value was 97.24%, negative predictive value was 64.66% and diagnostic accuracy was 94.00%.

#### DISCUSSION

Non-traumatic acute abdominal or flank pain is the common reason for emergency department (ED) visits and accounts for approximately 5% - 10% of all ED visits <sup>4</sup>. Nowadays, WBC and CRP are the most frequently used supportive diagnostic markers. These markers are easily accessible, cost-effective, and routinely analysed parameters in most of the centers. Still, they have limited specificity and sensitivity. Diagnostic sensitivity and specificity of WBC are 85% and 25%, respectively <sup>5</sup>. Lower specificity of WBC values remains a serious problem. In AA, many markers of inflammation including phospholipase A2, serum amyloid A, interleukins, and cytokines have been investigated <sup>6,7</sup>. Procalcitonin and D-dimer have been investigated for diagnostic purposes, and the authors indicated their lower diagnostic sensitivity and specificity <sup>8,9</sup>. Bilirubin has been also investigated, and in one study it has been asserted that bilirubin could not specify AA and its complications. While in another study, higher bilirubin levels were found in PA when compared with AA patients <sup>10</sup>. Although, higher CRP levels were found to be significantly higher in AA(acute appendicitis) patients relative to PA patients, it has a limited diagnostic value for AA (p < 0.0001) <sup>11,12</sup>.

Emergency appendectomy was done on patients with acute appendicitis based on clinical impression of the surgeon. After the study it is noted that negative appendectomy rate was 14%.This rate of negative appendectomy was compared with other studies

**Table 3:**

Khan MN et al, 2004 <sup>13</sup>	14.3%
Vinoth Kumar et al, 2011 <sup>14</sup>	10.00%
Shozoyokoyama et al, 2007 <sup>15</sup>	8.00%
Asfar et al, 2000 <sup>16</sup>	19.2%
Our study	14.00%

## CONCLUSION

Measuring appendix diameter by USG pre-operatively reducing the rate of negative explorations

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