USS IN DIAGNOSIS OF APPENDICITIS ; A CONFIRMATORY MODALITY OR UNNECESSARY DELAY

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Introduction: It is undeniable that the medical establishment is under increasing pressure not only to make the correct diagnosis accurately but also swiftly .A confirmatory imaging modality is becoming increasingly a must in establishing the diagnosis of appendicitis when the clinical suspicion would have been enough in the past .

USS being the most cost efficient and least harmful in term of radiation exposure and availability , presents itself as first option On the other hand it is operator dependent, is it needed for all patients or does the gender and the age of the patient play a key role in the decision ? how about the timing ? is our preference to have an additional modality delaying the decision to operate?

Aim : we aimed to evaluate our practice and factually reflect on the management of acute appendicitis whether or not a clinical judgment is sufficient and when an additional modality is essential is USS the answer ?

Results : We looked at one month take of surgical patients .
36 were diagnosed with acute appendicitis 9 were paediatrics. Average age 30 years old . Age range of 8-61 . 24 were females
31 went to have appendecictomy. 5 were managed conservatively
USS was used in 12 patients (33%) majority females patients , 6 out of patient who received USS went on to have a CT (50%) . Out of the 12 USS only two (2) were conclusive

Conclusion : USS was not an efficient modality in diagnosing appendicitis despite its theoretical usefulness . However it did help rule out adnexa as cause of pain in female patients . Perhaps a more focused attention should be placed in sonographer training or perhaps surgeon training to perform bed side USS