Barking, Havering and Redbridge NHS
University Hospitals

Imaging and the diagnosis of appendicitis , when did your clinical judgement become insufficient

A Bouhelal, A Ashraf S Hassan J Reynolds,, T Fowler S Samlalsingh, Queens Hospital . London , UK

Introduction: With the development of the medical care and with the change of the demographics and the need to be certain as well as the pressure faced by the medical establishment to make the correct diagnosis swiftly and accurately, perhaps the clinical judgment is getting increasingly unacceptable as the sole indication to take a patient to theatre for an appendicectomy. Increasingly we are using other modalities to prove the diagnosis of appendicitis , arguably even when the clinical suspicion would have been enough. USS, CT and MRI are the modalities used.

Methodology: To answer this question, we carried a retrospective review of all patient who presented to our hospital with abdominal pain and were diagnosed with acute appendicitis in a randomly selected month . we investigated how many times was imaging used and what modality was used and the rational of escalation.

We investigated all patient and the impact of the imaging modality on the management, and care and effect on the swiftness with which the decision to operate was made. We also studied the influence of the seniority of the surgeon oncall, the age and the gender of the patient

Results : 309 patients referred to the surgical department with abdominal pain. Age range of 8-96 years old . With average age of 45 years old.

36 were diagnosed with acute appendicitis. 31 went to have appendecictomy . USS was used in 12 patients (33%) majority females patients , CT was used in 19 patients (52%).

6 out of patient who received USS went on to have a CT (50%) . 5 were taken to theatre without any imaging (13%) (histopathology confirmed appendicitis is all of them) one child received MRI scan.

The surgeon oncall experience and seniority had an impact on the modality used . In 100% of the patients taken to theatre without imaging the decision was made by senior registrars and consultants.

Conclusion : Imaging was required to take patients to theatre in over 80% of the time it was demonstrated that clinical experience can be sufficient . The question becomes , will the new generation of surgeons have the chance to develop the clinical instinct to make the decision without imaging or that’s a dying art .