



## Acute Appendicitis in Children

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# Acute Appendicitis in Children

**Inflammation** (a cellular response to injury or blockage) of the **appendix** (a tube of tissue that extends from a portion of the large intestine, usually along the lower right-hand side of the abdomen) can cause abdominal pain and is considered a medical emergency. Although it can strike at any age, appendicitis is rare under 2 years of age and most commonly occurs between the ages of 10 and 30 years. The appendix has no apparent function, but if an inflamed appendix is not treated, it can rupture and release its contents into the surrounding abdominal cavity. This can cause **peritonitis** (painful inflammation of the lining of the intestines and abdominal cavity). The July 25, 2007, issue of *JAMA* includes an article that discusses the clinical features of children with this potentially life-threatening condition.

## SYMPTOMS

- Dull pain near the navel or upper abdomen that becomes sharp as it moves to the lower right abdominal area
- Fever
- Loss of appetite
- Vomiting after the onset of abdominal pain
- Inability to walk normally because of pain, or pain when asked to cough or jump
- Abdominal swelling
- **Constipation** (inability to pass feces) or diarrhea

## DIAGNOSIS

Diagnosis can be difficult since the symptoms can be similar to other ailments. Because of the threat of rupture, appendicitis is considered an emergency. If your child has these symptoms, you should seek immediate medical attention. Do not allow your child to eat, drink, or use any medications before the evaluation.

The following tests are helpful in making the diagnosis:

- Medical history
- Complete physical examination, including abdominal and pelvic examinations
- Urine test to exclude a urinary tract infection
- Blood tests to identify an infectious process
- Diagnostic imaging tests, such as **CT scans** (x-ray tests) and **ultrasound** (using sound waves)

## TREATMENT

If appendicitis is suspected, **appendectomy** (surgical removal of the appendix) is the treatment of choice. Antibiotics are given prior to surgery, general anesthesia is used, and the appendix is removed through a single incision or by **laparoscopy** (removal of the organ through a scope). If the appendix has not ruptured, recovery is usually quick, and children usually leave the hospital 1 or 2 days after surgery. Most children can usually return to normal activities in 2 to 3 weeks. If rupture occurs, the recovery process can be more complicated.

Sources: American College of Gastroenterology, American Academy of Family Physicians, American College of Surgeons

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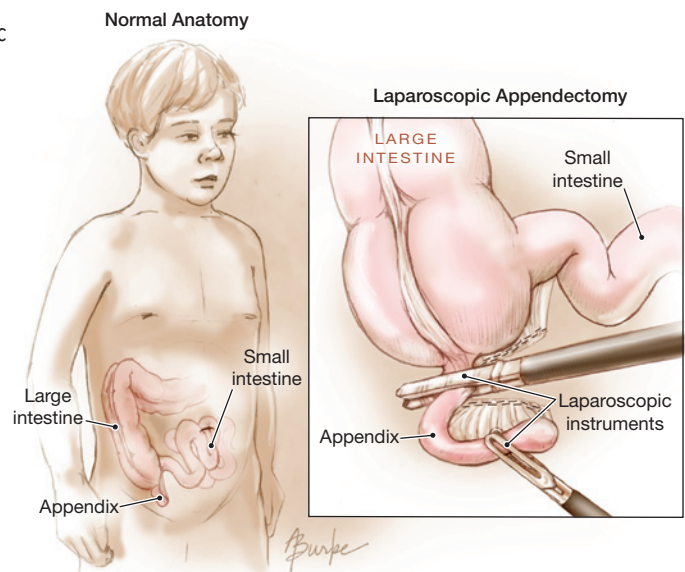
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