

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

John L. Zeller, MD, PhD, Writer

Alison E. Burke, MA, Illustrator

Richard M. Glass, MD, Editor

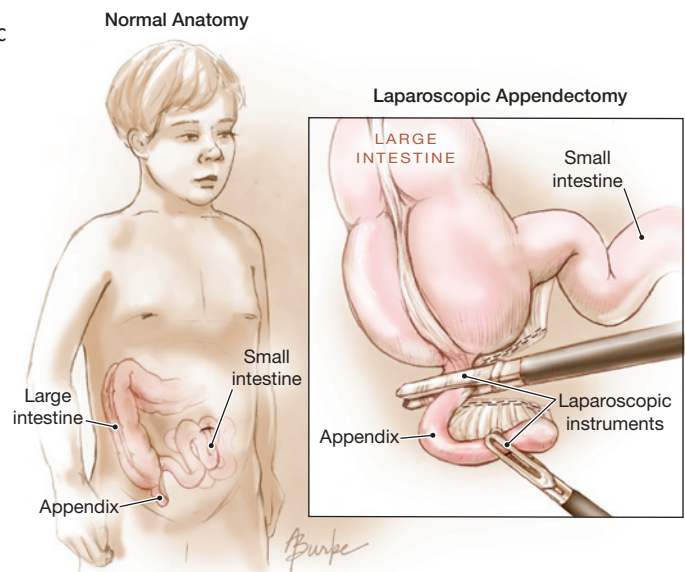
The JAMA Patient Page is a public service of JAMA. The information and recommendations appearing on this page are appropriate in most instances, but they are not a substitute for medical diagnosis. For specific information concerning your personal medical condition, JAMA suggests that you consult your physician. This page may be photocopied noncommercially by physicians and other health care professionals to share with patients. To purchase bulk reprints, call 203/259-8724.

FOR MORE INFORMATION

- American College of Surgeons (ACS)
www.facs.org
- American College of Gastroenterology (ACG)
www.acg.gi.org

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on JAMA's Web site at www.jama.com. Many are available in English and Spanish. A related Patient Page on acute abdominal pain was published in the September 27, 2006, issue.



JAMA
COPY FOR
YOUR PATIENTS