

Acute Appendicitis

Appendicitis is a common medical emergency in children. The main symptoms are abdominal pain, vomiting, and fever. If your child has appendicitis, surgery is needed as soon as possible to prevent complications. It can be difficult to be sure that appendicitis is the problem, especially in young children.

What is acute appendicitis?

Appendicitis is inflammation and infection of a pocket of small intestine called the appendix. The opening to the appendix may become blocked off, allowing congestion and infection to develop. The appendix then becomes swollen and inflamed (red and tender). Without surgery, it may burst (rupture). Rupture is a more serious problem that can lead to infection inside your child's abdomen.

The only treatment for appendicitis is an operation to remove the infected appendix (appendectomy). If the doctor thinks that appendicitis is possible, your child may need to go to the hospital for surgery. If the diagnosis is uncertain, tests such as computed tomography (CT scan) may be helpful.

Unfortunately, even with tests, it is sometimes difficult to be sure that your child has appendicitis. Occasionally, surgery is performed but appendicitis is not present.

What does it look like?

Symptoms of appendicitis vary, but the main ones are:

- *Pain in the abdomen.* Pain usually starts around the navel then moves to the lower right side of the abdomen.
- *Nausea and vomiting.* These usually start after pain. Your child may vomit only a little bit or not at all. He or she may have very little appetite.
- *Fever.* Temperature may rise rapidly, usually after the start of pain.
- It is sometimes difficult to tell appendicitis from the "stomach flu," especially in young infants. If you are sure that pain started before other symptoms, this may be a sign of appendicitis.
- Diarrhea may be present.

What are some possible complications of appendicitis?

- If appendicitis is not recognized and treated with surgery, the appendix may rupture. This can lead to a more serious infection inside your child's abdomen. If the appen-

dix is perforated or ruptured, the risk of infection or other complications after surgery is much higher.

- Other complications are possible, especially with a ruptured appendix. All of these complications are treatable:
 - Abscesses (collections of pus) inside the abdomen.
 - Wound infections (infection in the area of skin where the incision was made for surgery).
 - Occasionally, obstruction (blockage) of the intestine.

What puts your child at risk of appendicitis?

- Appendicitis is a frequent problem, affecting about 4 out of 1000 children in the United States.
- The risk is highest in adolescence; appendicitis is rare in infants.
- Some families seem to be at higher risk, and boys may be at higher risk than girls.

Can appendicitis be prevented?

There is no known way to prevent appendicitis. Prompt diagnosis and surgery can avoid a ruptured appendix.

How is appendicitis treated?

- Surgery is the only treatment for appendicitis. Once the doctor diagnoses appendicitis—or even if he or she strongly suspects appendicitis—your child will have surgery as soon as possible.
- The operation for appendicitis is relatively simple. Your child will be under anesthesia (asleep) for the procedure. Medications for pain are given before and after surgery.
- As long as the appendix hasn't perforated or ruptured, complications are uncommon. Recovery is usually quick; your child will probably be able to go home from the hospital within 2 or 3 days.
- If the appendix has perforated and ruptured, additional treatments may be needed before and after surgery. Your child may receive antibiotics through a vein (IV) before surgery and for a while afterward. Recovery after surgery takes longer. Your child will be watched closely for possible complications, especially infections.

When should I call your office?

After surgery, follow the surgeon's instructions for post-operative and follow-up care. Call your surgeon's office or our office if any of the following occur:

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- High fever.
- Continued or worsening vomiting.
- Increased pain or swelling of the abdomen.
- Blood in bowel movements.
- Redness around the surgical incision.