

Recommendations and References

Given an acute pain in the right iliac fossa, the elements which, when they are combined, allow to postpone appendectomy are :

the absence of peritoneal reaction at abdominal palpation

the absence of temperature 38°C

the absence of hyperleukocytosis $> 10,000$ cells/ml.

A further clinical examination, at home or in the hospital, is desirable within the following 6 to 12 hours. If drugs have been prescribed (antispasmodics, analgesics) the prescription should not be renewed before another clinical examination made at the conclusion of their therapeutic effect. Given an acute pain in the right iliac fossa, antibiotherapy must not be used as therapeutic test.

In case of appendectomy, antibioprophylaxis is started at the moment of induction of anaesthesia, by intravenous route. The antibiotics recommended are cephalosporins active on aerobic and anaerobic bacteria : cefoxitin and cefotetan. In case of allergy, the combination metronidazole + aminoglycoside or clindamycin + aminoglycoside should be used. The combination aminopenicillin-beta-lactamase inhibitor may be used, specially in children. The treatment, administered as a single dose, is sufficient in case of simple appendicitis. In case of complicated appendicitis, the administration of antibiotics will be continued for 48 hours at least.

Postoperative monitoring should be clinical. Discharge will be allowed according to the obtention of afebrile, renewal of intestinal transit, and to the absence of abnormal abdominal signs. Scientific data is not sufficient to impose a minimum monitoring duration. It is possible for the patient to be discharged before the third day, if the patient or the family are clearly informed of the possibility of complications. The role of the attending physician is essential.

Abdominal plain film (APF) is useless for positive diagnosis of appendicitis, except in young children. Echographic study of the appendix may be useful when clinical diagnosis is uneasy or doubtful. Echography showing normal appendix does not rule out the diagnosis of appendicitis. Abdomino-pelvic echography plays a part in differential diagnosis of appendicitis and of pelvic abscesses.

Appendectomy may be performed by laparoscopy or through classical ways. The results of published studies do not allow to single out one technique compared with the other.

Anatomopathological examination is essential, whatever the macroscopic appearance of appendix.

All these recommendations are applicable to children. Yet children's appendicitis has some specific features. Given an acute abdominal pain in a child, one should think of a medical emergency and first of acute appendicitis, and consequently perform appendectomy as soon as possible. If clinical signs are suggestive, one should not hesitate to ask for emergency surgical advice. Parents should be informed that this

situation might lead to a short hospitalization in surgical surroundings. The decision of appendectomy will be taken in a second time. In children, and specially in young children and girls at prepuberty stage, further examinations (urine specimens, echographies, even abdomen and chest simple X-rays...) are often useful for diagnosis. Given an acute abdominal pain, in the child as well as in the adult, antibiotherapy should not be used as a therapeutic test.

Appendicitis, which is the first cause of digestive surgical operation in France, should give rise to a constant assessment of medical practices, particularly by means of multicentric, prospective, controled studies.