

MANAGEMENT OF PERIAPPENDICEAL MASS

Acute Appendicitis – clinicopathological correlation

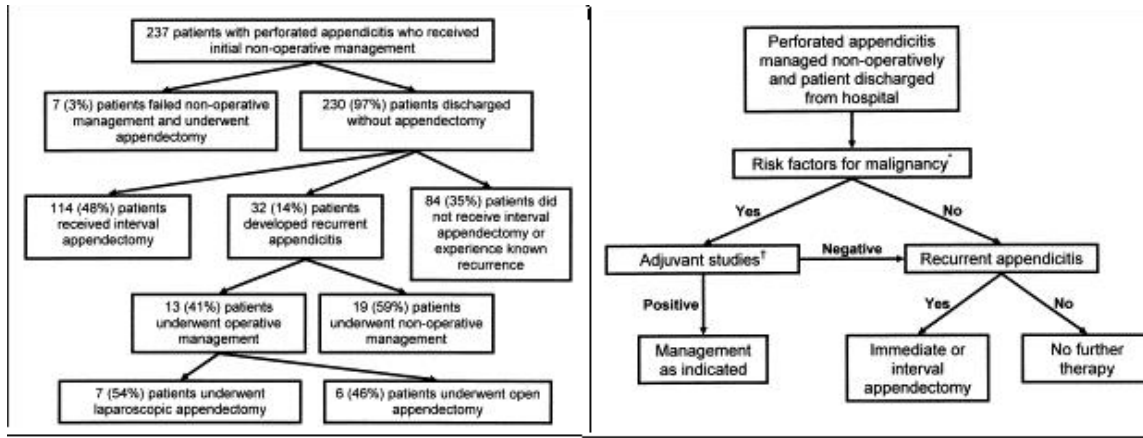
- Spontaneous resolution; “Chronic” appendicitis/recurrent appendicitis
 - Early appendicitis - Catarrhal
 - Suppurative - Phlegmonous
 - Perforative appendicitis
 - Diffuse peritonitis
 - Periappendicular phlegmon
 - Periappendicular abscess
 - Ill-defined mass on physical examination – 2-6% - Usually found in patient with protracted course of disease – at least 5 days
 - CT scan – differentiates phlegmon vs abscess vs other pathology
 - Initial treatment - IV antibiotics;
 - well defined abscesses – CT guided drainage (preferable approach);
 - complex abscesses – operative drainage.
 - Recurrent appendicitis rate after abscess/phlegmon treatment is 0-37%, highest rate of recurrence during 1st year, associated with visible fecalith.
 - Traditionally – interval appendectomy recommended in 6-8 wks after acute inflammation resolution.
 - Patients older 50 – BE or colonoscopy required to r/o perforated cecal Ca.
 - Immediate appendectomy in patients with phlegmon/abscess – in majority of the cases appendix can be removed and abscess can be drained but persistently higher rates of complications have been reported in multiple studies (questioned for pediatric population recently - J Pediatr Surg. 2002 Jun;37(6):882-6)
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Recent data questions need for “interval” appendectomy

“An assessment of the severity of recurrent appendicitis.”

Dixon MR - *Am J Surg* - 01-DEC-2003; 186(6): 718-22;

- Retrospective chart review
- Recurrent appendectomy rate – 14% (some lost f/u)
- Readmissions associated with milder forms of appendicitis and responded well to antibiotics



“The need for interval appendectomy after resolution of an appendiceal mass questioned.”. Willemsen PJ - *Dig Surg* - 01-JAN-2002; 19(3): 216-20

- Retrospective study of patients diagnosed with an appendiceal mass (n = 233, 108 M, 125 F). During the interval period, 4 patients presented with an appendiceal mass needing drainage and 3 with acute appendicitis requiring emergency appendectomy.
- At **interval appendectomy**, histological examination of resection specimen showed a normal appendix without signs of previous inflammation in 30% of cases.
- Complications due to **interval appendectomy** were seen in 18% of patients, including sepsis, bowel perforation, small bowel ileus, and various wound abscesses.

Randomized controlled trial of appendicectomy versus antibiotic therapy for acute appendicitis. Eriksson S, Granstrom L. *Br J Surg*. 1995 Feb;82(2):166-9

- Authors claim that antibiotics alone have same efficacy as appendectomy (20/20pts)
- 40% of the antibiotic group required appendectomy in 1 year due to recurrent symptoms with pathologically confirmed appendicitis (1 patient perforated in 12 hours).

Conclusion: Initial conservative management for patient with periappendicular mass followed by interval appendectomy is still the standard of care. Additional data is required to abandon routine interval appendectomy.

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