

AB162. Routine interval appendectomy is the past

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Background: Treatment of complicated appendicitis remains challenging and controversial as immediate appendectomy is technically demanding. Interval appendectomy remains questionable and entirely conservative management is still debatable. This study aims to evaluate the need for interval appendectomy for complicated appendicitis and incidence of appendiceal neoplasm following it.

Methods: A retrospective study included all patients with appendicitis treated either conservatively, emergency appendectomy or interval appendectomy between 2008 and 2018 in our hospital. Incidental appendectomy cases were excluded.

Results: A total of 4,869 cases (males—2,425, females—2,444) who presented with acute appendicitis were included in our study. A total of 4,506 (92.5%) patients (males—2,215, females—2,291) had emergency appendectomy. Total

number treated conservatively were 363. Out of this, 258 (5.3% of total) patients were treated entirely conservatively (male: 111, female: 147; age range, 5–96 years). LOS range: 1–32 days. Average LOS: 5 days. Readmission within 1 year was 54 (male: 26, female: 28), of which 48 were admitted once and 6 cases (2.2%) admitted twice. Remaining 105 patients underwent interval appendectomy (2.2%) (male: 49, female: 56; laparoscopic: 94, open: 11; age range, 6–75 years). Average LOS: 3 days. Histology: chronic appendicitis: 35, normal appendix: 21, low grade appendiceal mucinous neoplasm (LAMN): 17, faecoliths: 17, endometriosis: 3, parasite 3, diverticuli: 3, adenoma: 3, Crohn's: 1, carcinoid 1, adenocarcinoma: 1. All appendiceal tumours had preoperative radiological diagnosis.

Conclusions: Immediate surgical management of complicated appendicitis remains standard. Our study does not support routine interval appendectomy but in selective cases based on surgical judgment supported by CT and colonoscopy.

Keywords: Appendectomy; interval appendectomy; selective or routine appendectomy

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