

AB074. SOH22ABS107. Assessing clinical acumen in predicting acute appendicitis in emergency surgery—a prospective study

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Background: Careful clinical history and physical examination are critical in diagnosing acute appendicitis (AA). Haematological and radiological parameters are now playing an increasing role in aiding the diagnosis of AA with can impact the importance of clinical findings. The aim was to assess the accuracy of each grade of the surgical team in diagnosing AA using clinical acuity alone and compare them to each other as well as validated predictive scores.

Methods: A prospective single centre study was performed over a six-month period (Dec 2020–May 2021). All patients presenting to the Emergency Department with Right iliac fossa (RIF) pain were included.

Results: A total of 180 patients were included of whom 35% were male. Mean age was 36.2 years (range, 16–91 years). Approximately fifty-one percent had confirmed AA of which 91.3% were managed surgically and 8.7% were treated conservatively with antibiotics. In females, consultants were correct in 83.47% of cases whilst registrars, SHO's and interns were correct 80.3%, 69.2% and 66.6% of the time respectively ($P=0.0079$, Spearman's coefficient =0.632). In males, consultants accurately predicted the presence/absence of AA in 86.67% versus 85.7%, 82.5% and 83.9% amongst registrars, SHO's and interns respectively ($P=0.92$, Spearman's coefficient =0.833). In total consultants were correct in their prediction in 84.62% of cases with registrars, SHO's and interns right in 82.2%, 73.8% and 72.7% of cases

respectively ($P=0.0145$, Spearman's coefficient =0.632). In the confirmed AA group, consultants predicted AA in 95.4% of cases. Mean AIR and AAS scores for this cohort were 7.0 and 12.5 respectively.

Conclusions: Seniority was associated with improved diagnostic accuracy in clinically predicting AA. This study showed that the clinical judgement of experienced surgeons is more reliable than clinical scores in the diagnosis of AA.

Keywords: Appendicitis; clinical diagnosis; clinical acumen; predictive score; emergency surgery

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-22-ab074

Cite this abstract as: Lloyd A, Boland M, Fallon F, Cleere E, Toale J, Abd Elwahab S, Hill A. AB074. SOH22ABS107. Assessing clinical acumen in predicting acute appendicitis in emergency surgery—a prospective study. Mesentery Peritoneum 2022;6:AB074.