Acute appendicitis and the importance of clinical diagnosis

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Dear editor:

I have read with interest the article "Acute appendicitis clinical presentation in patients immunocompromised by diabetes or HIV/AIDS"¹ and I would like to make some complementary comments on the importance of clinical suspicion in acute appendicitis and some particularities in special situations. First, the systematic use of predictive risk scales, such as the one by Alvarado² or the most recently proposed by the INFURG-SEMES group, tested in 331 patients of between two and 20 years of age,³ should be mandatory in the clinical assessment of patients with suspected acute appendicitis. The scale proposed by the INFURG-SEMES group includes male gender, pain in the right iliac fossa on examination, pain to percussion, pain when ambulating, neutrophilia and C-reactive protein, which, like the Alvarado scale, enables classifying patients into three risk groups. The results showed a superior predictive value to that of the Alvarado scale.

On the other hand, another recent study assessed acute appendicitis in pregnancy,⁴ a circumstance that modifies clinical manifestations; Alvarado scale mean score was found to be lower in pregnant women, who present less often with pain in the left iliac fossa and pain upon decompression, which translates into delay in diagnosis and greater complications.

References

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