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Pediatric complex, complicated appendicitis: Is non-operative management appropriate?

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Background: Complex complicated appendicitis (CCA), perforation with large abscess formation, can have a high operative morbidity. An alternative, non-operative management (NOM), with antibiotics and abscess drainage by interventional radiology can have a significant failure rate. Our aim was to review NOM and outcomes at one hospital.

Study Design: We reviewed 100 consecutive cases of NOM for CCA at Children's Health Dallas. Data included demographics, symptom length, drainage, complications, and length of stay (LOS). Primary endpoint was discharge without operation. Secondary endpoints were complications or unplanned readmission. Results are expressed as median (interquartile range).

Results: Patient age was 9 (5.2-12.2) years, and symptom duration 6 (5-7) days. All patients received parenteral antibiotics. Eighty-three children had abscess drainage and 17 had abscesses which could not be drained due to their location. LOS was 5.6 (4.1-7.9) days. Antibiotic duration was 13 (11-17.3) days. No child required appendectomy, nor had a major complication at the time discharge. Seventeen children were readmitted, 14 for gastrointestinal or infectious issues, 10 (3-14) days after discharge. They were treated with antibiotics and, in three, drain placement. One patient had appendectomy for unresolved appendicitis. Three children had recurrent appendicitis 43 (37-63.5) days after discharge, and underwent appendectomy.

Conclusions: NOM was successful in all children during initial hospitalization, and offers an excellent therapeutic risk:benefit ratio in CCA. Readmission and recurrence rates are lower than previously reported.

Biography

Robert P Foglia, MD is Professor of Surgery and Pediatrics, Chief of Pediatric Surgery at the University of Texas Southwestern Medical Center, USA Medical Center and Surgeon-in-Chief at Children's Medical Center Dallas. He is Co-editor of a major textbook of Pediatric Surgery and has 30+ years of experience in Perioperative Management and Performance Improvement. He is responsible for the clinical growth of surgical programs at Children's Health and leads process improvement initiatives in the areas of quality, service, and stewardship.

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