

4th International Conference on **Pediatrics & Pediatric Emergency Medicine**

March 29-31, 2016 Atlanta, Georgia, USA

An assessment of the Alvarado scoring system in the diagnosis of acute appendicitis among the pediatric patients at a tertiary care medical center

Ingrid G Malaluan and Juliet Sio-Aguilar
St. Luke's Medical Center, Philippines

Objectives: To review the demographics and clinical course of admitted patients with possible acute appendicitis (AA), determine the Alvarado score of operated patients and correlate with histopathology results, correlate the Alvarado score and ancillary procedure results, describe the alternative diagnoses of patients initially considered to have AA and determine the negative appendectomy rate.

Design: Retrospective, descriptive study

Setting: St. Luke's Medical Center, Philippines, a tertiary, private institution

Participants: 82 admitted pediatric patients from the ER, assessed using the Alvarado score and suspected to have AA were included. Patients with imaging-confirmed diagnosis or those who were already treated conservatively upon arrival at the ER, patients with incomplete documentation or who were discharged against medical advice were excluded.

Main outcome measure: Histopathology findings among post-appendectomy patients and alternative diagnoses among those who were not operated on.

Results: There was a significant difference in the number of patients with scores 1-4, 5-6 and 7-10, with and without appendicitis, thus a significant correlation between the Alvarado score and the diagnosis of AA existed. Among patients with AA, there is an increasing trend of making accurate diagnosis with an increasing score group. Conversely, an opposite trend is observed among those without AA. The negative appendectomy rate was 10.6%.

Conclusion: The Alvarado scoring system is a practical non-invasive diagnostic procedure that is simple, fast, safe and reliable. It categorizes patients for discharge and for admission for further evaluation and management. Patients with score 7-10 should undergo appendectomy to avoid complications. Patients with score 5-6 should be admitted for observation and further evaluation. Score 1-4 can be discharged with an advice to seek consult as indicated.

dr.ingridmalaluan@yahoo.com

***Sphingomonas paucimobilis* causing pacemaker pocket infection in a pediatric patient with a hemangioma**

Xinmiao Shi¹ and Rui Liu²

¹Shandong Provincial Hospital, China

²Beijing Anzhen Hospital-Capital Medical University, China

We reported a case of pocket infection in a child due to *Sphingomonas paucimobilis*, which to our best knowledge, is the first case reported in English literature. *S. paucimobilis* is an aerobic, Gram-negative bacillus that exists in both nature and hospital environments, but rarely causes devastating infections in humans. There are growing reports of *S. paucimobilis*, of which few are fatal, while pocket infection is a devastating complication of pacemaker implantation. This case indicates that *S. paucimobilis* is a potential pathogen in pacemaker pocket infection. We conclude that treatment with immediate removal of the entire pacemaker system and intravenous antibiotics is favorable in pocket infection.

shixinmiao1224@163.com