

Thomash Alvarado Score a Diagnostic Tool for Areas a Diagnostic Tool for Areas in Peripheries where Non Availability

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Abstract

Acute abdomen is an emergency condition that warrants urgent attention and stabilisation. The varied a etiology causes acute abdomen viz., an infection, inflammation as well as other a etiology. The patient will usually present with sudden severe onset of abdominal pain with associated nausea or vomiting. The approach to a patient with an acute abdomen should include a through history physical examination limited investigation as per the centre permits. But in case of if you are sitting at the periphery and need the urgent investigation and not available then you need something to help you out a score which is desirable and acceptable.

In case of acute abdomen, location of pain is critical as it may signal a localized process. The similar score has been discussed here, which has the high significant ratio to diagnose the disease. Thomash Alvarado score of 5 or 6 is compatible with the diagnosis of AA, a score of 7 or 8 indicates amight have appendicitis, a score of 9 or 10 indicates a more confirmed appendicitis. These kind of score such as Thomash Alvarado Score, which help you out to reach the diagnosis approximate accuracy when the advanced investigations not available and out of reach.

The combination of laboratory, examination and history all together help to reach the diagnosis.

Keywords: Appendicitis; Acute Abdomen; Thomash Alvarado score.

INTRODUCTION

Acute abdomen is an emergency condition that warrants urgent attention and stabilization. The varied a etiology causes acute abdomen viz., an infection, inflammation as well as other etiological variations. The patient will usually present with sudden onset of severe abdominal pain with associated nausea or vomiting. The approach to a patient with an acute abdomen should include

a through history physical examination limited investigation as per the centre permits.

But in case of if you are sitting at the periphery and need the urgent investigation and not available then you need something to help you out a score which is desirable and acceptable. The similar score has been discussed here, which has the high significant ratio to diagnose the disease. In case of acute abdomen, location of pain is critical as it may signal a localized process. These kind of score such as Thomash Alvarado Score, which help you out to reach the diagnosis approximate accuracy when the advanced investigations not available and out of reach.

The combination of laboratory, Examination and History all together help to reach the diagnosis. Migrating Abdominal pain Anorexia Nausea or vomiting Tenderness in the lower quadrant, Rebound tenderness Fever Leukocytosis,

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Neutrophilia, with shift to left more than 75%. Out of these two most important factors, tenderness in the right lower quadrant and leukocytosis, are given two points, and the six other factors are assigned one point each, for a possible total score of ten points.

Appendicitis is usually managed as per the standard protocol the mild appendicitis could be managed with the broad spectrum antibiotics, keeping the patient nil per orally and later on with Intravenous fluids as well as symptomatic management, patient with persisting pain and toxemia need urgent surgical intervention and management either open and laparoscopically.

Although acute appendicitis is a common ailment anyone of the age group of the either sex develop these and has the feature early as the severe pain abdomen, vomiting and the nausea and the rebound tenderness, which later on confirmed with the USG and laboratory finding altogether. Abdominal bloating Flatulence. The Alvarado score can be used to stratify patients with symptoms of suspected appendicitis.

Various studies in Medline, Embase, DARE and The Cochrane has been conducted at various level and which serve as the key point for the diagnosis. The study conducted at various level at different institutes gives us the conclusion of the diagnosis. The specificity and sensitivity of the various studies varies for 56%-74%. The data varies according to the clinical prodromal of the institute.

The Alvarado score is well calculated in patients across all risk strata (low RR 1.06, 95% CI 0.87 to 1.28; intermediate 1.09, 0.86 to 1.37 and high 1.02, 0.97 to 1.08). The Alvarado score is a useful diagnostic 'rule out' score at a cut point of 5 for all patient groups.

CONCLUSION

Acute Abdomen is a magic box the single examination, blood investigation and all doesn't fetch you anything which requires drastic evaluation and need to be verified with all the details that usually takes the combination of the all, all the parameters then combined together helps to make the exact diagnosis. Thomash Alvarado score discussed here is great useful score in case of emergency patient receive with acute abdomen and need the evaluation done at different level.

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