

Negative appendectomy: where do we stand and how this can be minimized?

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Background

The problem of negative appendectomy has long been recognized. This issue has been studied in west and recommendations are made to decrease it, however such studies from developing nations are scarce. Aim: To identify the rate of negative appendectomy at our Institute and compare the results with the world statistics with emphasis to undertake measures for decreasing its incidence.

Methods

Data of all appendectomies performed during last five years was analyzed. Interval and incidental appendectomies were excluded. The demographic data, presenting complaints, clinical signs and investigations performed were recorded in a predesigned proforma. The data so obtained was critically analyzed.

Results

Six hundred eighty five appendectomies were performed during the period. 185 patients of normal appendix were confirmed on histopathology. 67 patients had appendix removed either incidentally or as part of interval appendectomy, thus 118 patients (65 males, 53 females; sex ratio 1.2:1) had appendectomy performed erroneously. Records of 17 patients could not be retrieved. Most common symptom was abdominal pain (100%) and the commonest sign was right iliac fossa tenderness (93%). Most of the patients underwent USG to supplement diagnosis. CT scan and diagnostic laparoscopy were not performed. Negative appendectomy rate was 17.2% (12.4% in males; 33.3% in females). Highest incidence of negative appendectomy was in females of 11-20 years (66.7%). *****Conclusion: Our rate of negative appendectomy is comparable with the world statistics. More diligence is required in making clinical diagnosis of acute appendicitis, especially in young females. Use of C-reactive protein and CT scan may decrease negative appendectomy rate.