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# MRI for Pediatric Appendicitis Reduces Pediatric Radiation Exposure

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<ul> <li>Current standard of care</li> <li>ACR appropriateness criteria supports initial ultrasound followed by CT if needed.</li> <li>Role of MRI as yet undefined, with the value to be determined as MRI</li> </ul>		Res Fin • Po • Eo • Eo
becomes more clinically available. Pros and Cons of evaluating for appendicitis with MRI		• N
<section-header><list-item><list-item></list-item></list-item></section-header>	<ul> <li>Cons:</li> <li>MRI less available</li> <li>Slower than CT</li> <li>Technically more difficult to interpret</li> <li>Unclear results may prompt CT</li> </ul>	• 23 he • 24 he • 24 he • 25 he • 25
<b>Objectives</b> • Determine if MRI can sufficiently assess for appendicitis and preclude the radiation exposure of CT.		• Ec di ac di • Ec
Methods • Retrospective review of the first 100 MRIs for appendicitis ordered by the UNMH		E
<ul> <li>Pediatric ED (January-September 2013).</li> <li>Interpretations categorized as: <ul> <li>Positive</li> <li>Equivocal, favor positive</li> <li>Equivocal</li> <li>Equivocal, favor negative</li> <li>Negative</li> </ul> </li> </ul>		

SCHOOL of MEDICINE

#### sults

## nal Interpretations:

Positive: 22 Equivocal, but favor positive: 5 Equivocal: 20 Equivocal, but favor negative: 11 Negative: 42

### ne 22 positive interpretations

1 patients taken to surgery within 48 nours

## ne 36 Equivocal cases

Equivocal, favor positive : Of the 5 studies, 3 were taken to the OR and found to have appendicitis.

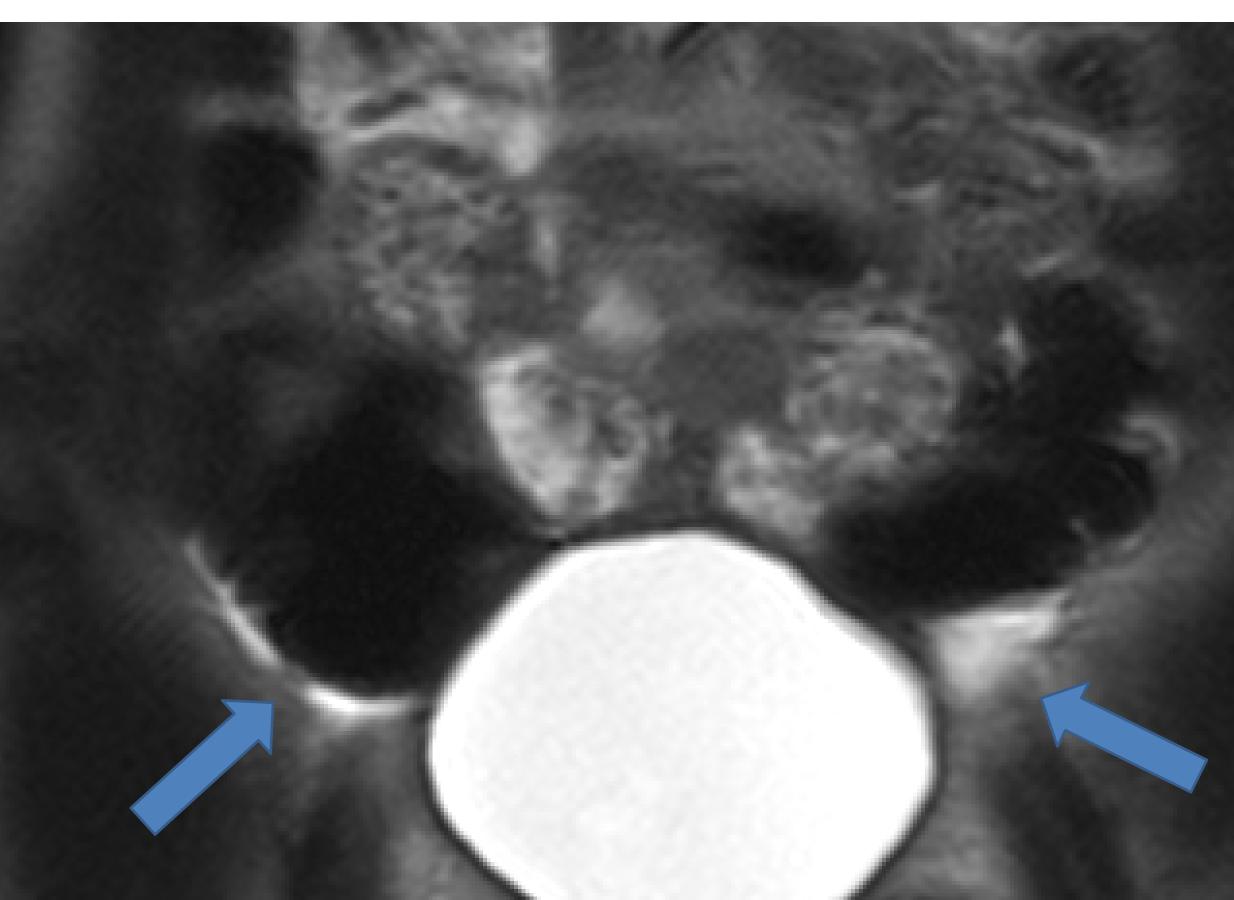
Equivocal: Of the 20 patients, 15 were discharged without further imaging. 5 admitted for observation before lischarge.

Equivocal, favor negative: All 11 patients were discharged from the ED.

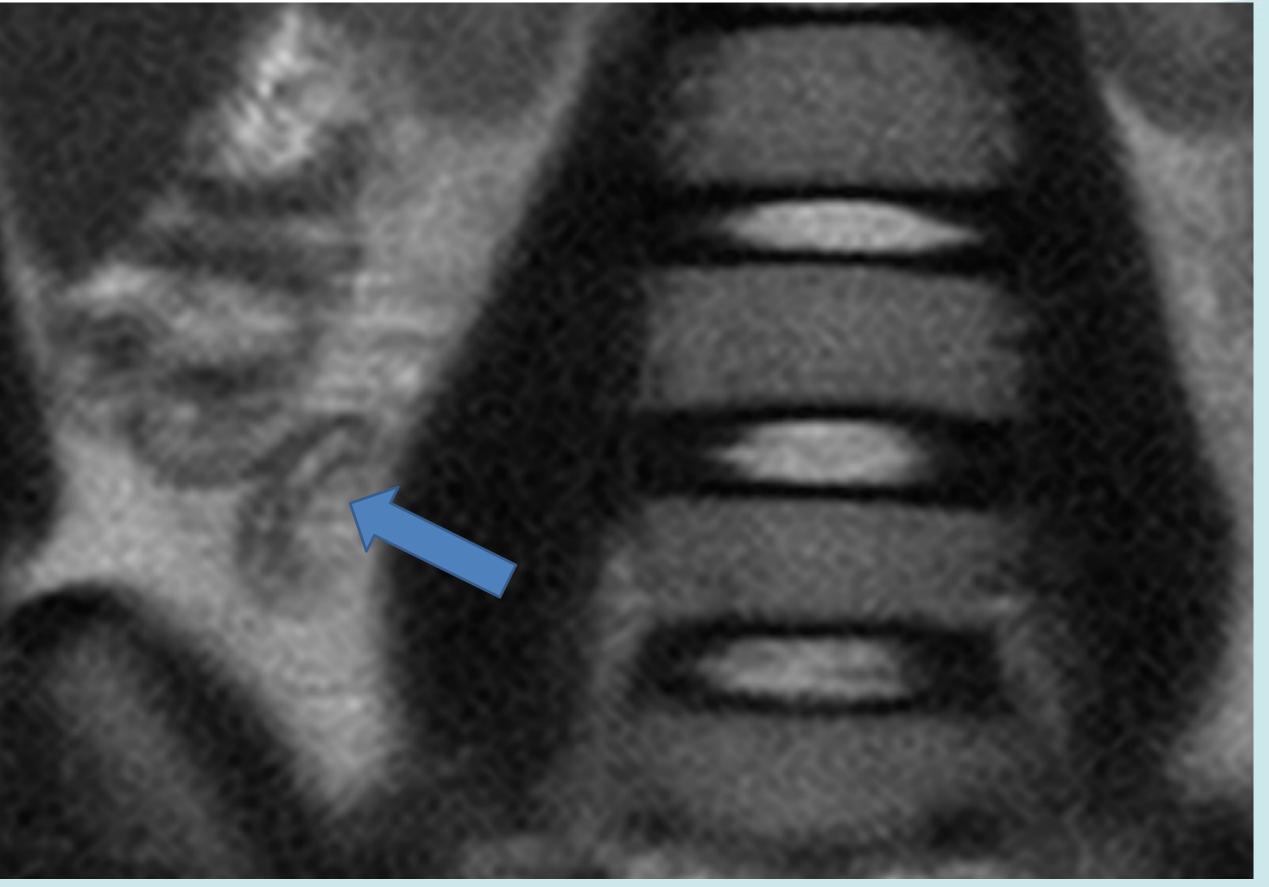
**The 42 Negative Cases** • All patients were either discharged or admitted for non-appendiceal pathology.

Department of Radiology

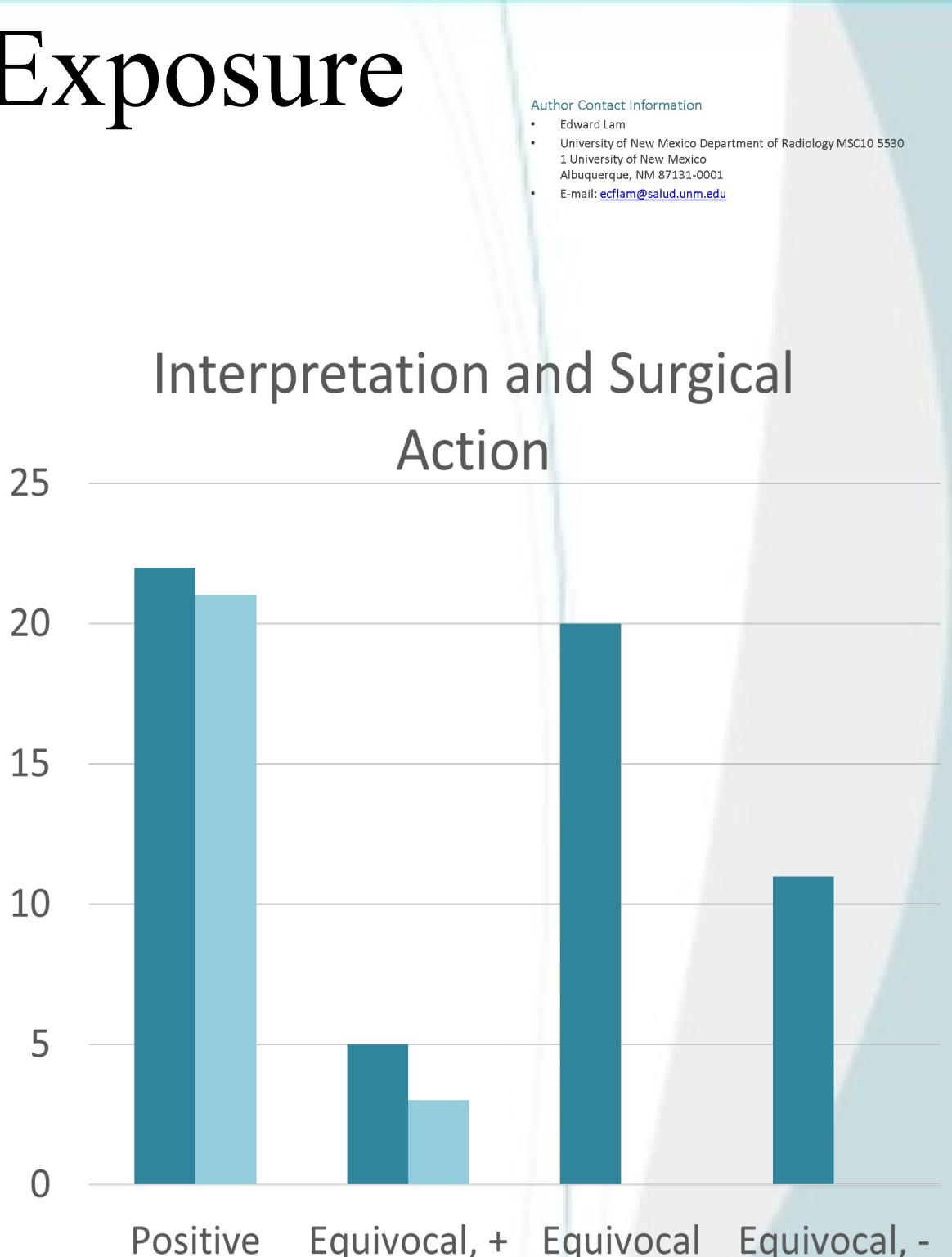




Equivocal exam: Appendix not seen. Bilateral lower quadrant free fluid.



Negative exam: Normal appendix. No free fluid



## **Follow up CT**

# **Conclusion:**

Positive Equivocal, + Equivocal Equivocal, -Total Patients
Those To Surgery

• Ordered in 10% of patients, most of which had equivocal MRI interpretations

None of these patients went to

surgery for appendicitis

• MRI is effective in the positive

identification of appendicitis. No case

dictated as equivocal, equivocal favor

negative, or negative required surgery for appendicitis.

• The use of MRIs in the evaluation of right lower quadrant pain/suspected

appendicitis provides valuable diagnostic information without ionizing radiation.

#### References

 ACR Appropriateness Criteria<sup>®</sup> right lower quadrant pain—suspected appendicitis. Rosen MP, Ding A, Blake MA, Baker ME, Cash BD, Fidler JL, Grant TH, Greene FL, Jones B, Katz DS, Lalani T, Miller FH, Small WC, Spottswood S, Sudakoff GS, Tulchinsky M, Warshauer DM, Yee J, Coley BD. J Am Coll Radiol. 2011 Nov;8(11):749-55.

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