

CLINICAL-DIAGNOSTIC AND THERAPEUTIC FEATURES OF ACUTE APPENDICITIS IN CHILDREN

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Acute appendicitis is the most frequent disease in childhood. It requires an emergency surgical intervention and has a number of features in comparison with adults. It is more severe, and diagnostics is more complex. This is due primarily to the large number of diseases occurring with pseudo abdominal syndrome, difficulties of inspection and revealing of local symptoms particularly in young children.

All of this leads to the fact that the early stages of appendicitis cannot be diagnosed, and the operations often reveal gross destructive changes till gangrene and perforation of the vermiform process with the development of peritonitis. The aim of the study was the analysis of clinical-diagnostic and therapeutic features of acute appendicitis in children for the years 2010–2012 based in Sumy region child clinical hospital (SRCCH).

We have analyzed the results of the survey and treatment of patients in three groups: the first group - 238 patients (2010), the second – 211 patients (2011), the third – 227 patients (2012). Where the emergency condition is diagnosed with acute appendicitis is sent to the Department of SRCCH, doctors, clinics, ambulance crews, or the patients turned themselves in connection with the presence of acute abdominal pain. The group studied were children of all age groups (0 – 17 years), regardless of gender and place of residence.

Diagnosis of non-complicated forms of acute appendicitis in majority of children did not cause difficulties. In some cases, however, doctors had to deal with the difficulties in the interpretation of clinical symptoms of disease. Often this is due to the various forms of localization of appendix. At retrocecal location, pain in 10 % was localized in lumbar area and irradiated to the thigh and genitals. Pelvic floor location is sometimes characterized by symptoms of irritation related to pain in the adjacent organs and tissues: painful urination – 15 %, liquid stool with admixture mucus and even blood – 10 %. In later stages disease common symptoms (high temperature, multiple vomiting, liquid stool, etc.) dominated over local ones.

The basis of correct diagnosis was: good history, skills of survey collected from young patients, the ability to find contact with the patient and the ability to distinguish temporary emotional forms of the real signs of acute appendicitis.

Waiting tactics is believed erroneous, since it is impossible to predict the dynamics of the process. Timely surgical intervention in most cases gives good immediate and long-term results.

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