Appendicitis (Critical Diagnosis)
10/22/2017

In real life medicine, patient's rarely have the "classic" presentation! Don't miss appendicitis!

Three stages of discomfort

1) 12 hrs of "gastroenteritis" like symptoms
2) Direct somatic irritation
3) Perforation -> Sick peritonitic patient with increased M/M risk

Approach to Appendicitis

1) Consider labs -> *probably useless* -> low sens/spec
    - "WBC is the last refuge of the intellectually destitute"
2) Get a **detailed history**: include the following ->
    - ***-> Is this acute (like, today)? -> Is the pain migrating?***
    - ***-> Fever? -> Pain before vomiting? -> Decreased appetite?***
3) Do a good **physical exam** look for:
    - ***1) Pain in RLQ 2) guarding, rigidity, rebound 3) psoas/obturator signs***
4) Imaging
    - ***Adult -> CT +/- contrast; Pregnant -> MRI; kiddo -> ultrasound***
5) Dispo: When imaging is negative, do a *repeat abdominal exam*, and then make sure the patient has a *follow-up abd exam in 12 hours* (even if they have to come back to the ED!)

Quick Facts

- Abdominal exam in a skill!
    - **Guarding** -> be very CALMING, ask pt to relax abd, palpate away from pain and move towards it. Positive guarding is when they are unable to release VOLUNTARY contraction
    - Rigidity -> guarding that is involuntary
    - **Rebound** -> press over painful area, *wait 20 seconds*, then release; watch their face!!!
    - **Obturator Sign** -> flex hip/knee, internally rotate at hip
    - **Psoas Sign** -> put pt on their left side, extend thigh at hip joint
- Appendicitis is common and the diagnosis can be difficult to make
- "pain to palpation and rebound tenderness in RLQ" = only about *half the time*
- *The first item on your plan should NOT be "I want to get a CBC to check WBC"*
- Pregnant people can present with RUQ pain appendicitis!