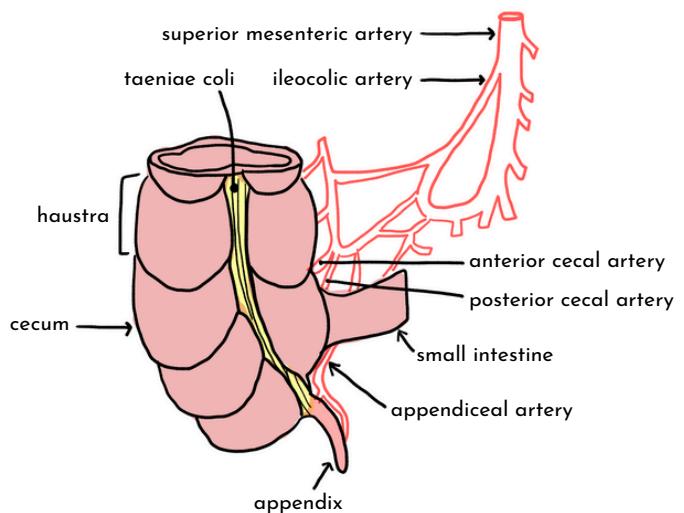
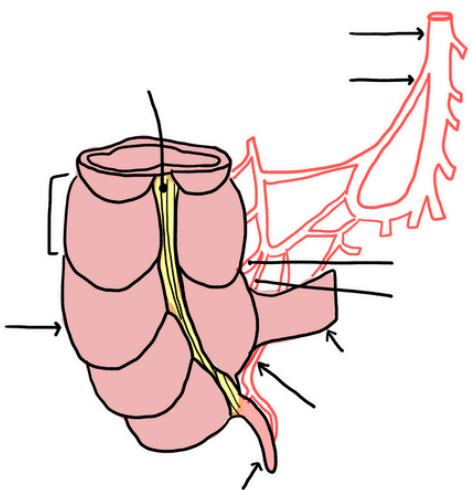


Acute Appendicitis

common pimping questions and anatomy, print out and fold in half to test your knowledge



Question	Answer
What is the most common cause of appendicitis in children? Adults?	children - lymphoid hyperplasia adults - fecalith
What lab value increases your clinical suspicion for acute appendicitis?	leukocytosis with left shift
Tenderness located at what location increases your clinical suspicion for acute appendicitis?	McBurney's Point tenderness (R-sided pain located 1/3 between umbilicus and ASIS)
In a pregnant individual, where is pain due to appendicitis most commonly located?	RUQ (due to gravid uterus displacing the appendix cephalad)
What imaging study is most useful (but not required) for diagnosis?	CT abdomen/pelvis with IV contrast
Prior to surgery, what pre-operative medications, if any, should be started in a patient with a non-perforated appendix?	rehydration with IVF, preoperative antibiotics with anaerobic coverage (typically Unasyn or combo with 1st-gen cephalosporin + Metronidazole)
During surgery, how do you locate the appendix?	follow the convergence of the taeniae coli to the tip of the cecum
If you find a normal appendix during surgery, should it still be removed?	yes!
Starting from the aorta, what is the blood supply of the appendix?	aorta --> superior mesenteric artery (SMA) --> ileocolic artery --> appendiceal artery
What is the most common primary tumor of the appendix? Treatment?	carcinoid tumor: if <2 cm perform a simple appendectomy if >2 cm, perform a R-sided hemicolectomy
How long should the patient be on antibiotics after surgery for a non-perforated appendix?	24 hours of antibiotics, typically can discharge on POD #1 if stable
How long should the patient be on antibiotics after surgery for a perforated appendix?	typically 3-7 days of IV broad-spectrum abx required; monitor with downtrending WBCs, afebrile, ambulating, tolerating PO