

Meeting abstract

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Acute appendicitis in the geriatric patient

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Background

Acute appendicitis in geriatric patients represents the 7–12% of all acute abdomen cases. Elderly patients with appendicitis more frequently show generalized outwearing pain, with abdominal wall rigidity and distension and appearance of abdominal mass. The difference in the clinical presentation between the young and the aged patient may be due to the elderly person's delay in addressing himself to the doctor, and not to differences in the pathologic process itself. The aim of this trial is to underline, through an analysis of the patients who underwent surgery for suspected acute appendicitis at the Division of General and Emergency Surgery of the University of Perugia, Hospital S. Maria in Terni, the clinical aspects of this pathology in the geriatric patient, in order to stress out the useful elements that may lead us to a early diagnosis and a reduced post operative mortality.

Materials and methods

In our Division we treated surgically 16 over 75-year-old patients for acute appendicitis in the period of time between September 2006 and September 2008. An accurate anamnesis could be evaluated only in a few cases as most of the patients presented severe mental failure. The most frequent symptom was a continuous pain with no typical localization: right iliac region, 36%, all over the abdomen, 55% and less frequently in the lumbar region, 9%. The objective examination did not often allow the demonstration of pain in a specific region and the Blumberg sign was rarely positive. Only 21% of the patients

showed a body temperature superior to 37.5°C. Because of the poor clinical indications, we often needed the approach of instrumental exams. [Abdomen US (100%), Plain abdominal films (85%) and CT (15%)]. The surgical intervention consisted in a median laparotomy in 46% of the cases.

Results

The classical symptoms of acute appendicitis in the elderly patient is less typical and with no characteristic objective and laboratory findings. This can cause a delay in diagnosis and a higher complication rate compared to the young patient (Appendicular abscess 8%, Pelvic abscess 3%, Diffuse peritonitis 4%).

Conclusion

Acute appendicitis in the geriatric patient is often poorly diagnosed at its onset. This leads to a late surgical resolution of the acute process and to a post operative morbidity and mortality increase in patients who are often clinically compromised. These patients need hospital admission and a well-timed surgical evaluation with the employment of more instrumental examinations than in the younger patients.