

MEDICAL BREAKTHROUGHS **RESEARCH SUMMARY**

TOPIC: ANTIBIOTICS TREAT APPENDICITIS: NO SURGERY NEEDED!
REPORT: MB #4876

BACKGROUND: The appendix is an organ the size of a finger-shaped pouch that protrudes from the colon in the lower right quadrant of the abdomen. Appendicitis occurs when the appendix becomes inflamed and causes severe pain in the lower right abdomen that typically increases. Most patients report pain beginning at the belly button and the moving to their side as the appendicitis progressed. Anyone is capable of developing appendicitis, it most often occurs in children as young as ten all the way to adults. Signs or symptoms of appendicitis include sudden abdominal pain, pain that worsens when coughing, walking, or making sudden movements, nausea and vomiting, loss of appetite, low-grade fever that may worsen, constipation or diarrhea and abdominal bloating. A blockage of the lining of the appendix resulting in infection is the most common cause of appendicitis. If appendicitis is not treated promptly the appendix will burst. A ruptured appendix spreads infection throughout your abdomen and can be life threatening.

(Source: <https://www.mayoclinic.org/diseases-conditions/appendicitis/symptoms-causes/syc-20369543>)

TREATMENT: The traditional treatment for appendicitis, and other appendix-related issues, is appendectomy, or surgical removal of the appendix. There are two types of surgical procedures to remove the appendix, open or laparoscopic. The traditional method is open appendectomy, cutting a two-to-four-inch incision into the lower right abdomen and then removing the appendix through that incision. A newer, minimally invasive option is laparoscopic appendectomy where, instead of a large incision, one to three tiny cuts are made and a long thin tube called a laparoscope is put into one of the incisions, it has a tiny video camera and surgical tools that a surgeon can view and operate by looking at a monitor. The appendix is removed through one of these small incisions. During a laparoscopic surgery, surgeons still may decide that an open appendectomy is needed, especially if the appendix has burst and infection has spread.

(Source: <https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/appendectomy#:~:text=If%20you%20have%20appendicitis%2C%20your,surgery%20to%20remove%20the%20appendix.>)

NEW TECHNOLOGY: A new study looked at 250 adults in Finland who had appendicitis and were treated with antibiotics instead of surgery. This group was then compared to another group of 270 adults who had surgery for appendicitis. The study followed all participants for five years. By the end of the study, nearly two-thirds, or 64 percent, of the people in the antibiotic group were considered “successfully treated,” meaning they didn’t have another appendicitis attack and their appendix did not burst. The other 36 percent in the antibiotic group eventually needed to have surgery to remove their appendix. However, these participants experienced no harmful outcomes due to the delay caused by antibiotic treatment. The antibiotic group also had much lower rates for complication and shorter recovery time when compared to those who had surgery, with most patients returning to work or school 11 days earlier than those not treated with antibiotics.

(Source: <https://www.livescience.com/63699-appendicitis-antibiotics.html>)

FOR MORE INFORMATION ON THIS REPORT, PLEASE CONTACT:

BRIAN DONOHUE
BDONOHUE@UW.EDU
206.543.7856

If this story or any other Ivanhoe story has impacted your life or prompted you or someone you know to seek or change treatments, please let us know by contacting Marjorie Bekaert Thomas at mthomas@ivanhoe.com