Division One Football Player With Conservative Treatment of Acute Appendicitis

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Abstract

Background: A 20 year old male division one football player (body mass=103.148kg; height=182.9cm) went to the walk-in clinic with symptoms consistent with influenza syndrome and chronic intermittent pain at McBurney’s point. The pain had intensified over the last two days. Differential Diagnosis: Influenza, pubic symphysitis, hernia, UTI, Crohn’s disease, or muscle tear. Influenza screen, strep screen, urinalysis, complete blood count (CBC), ultrasound, radiograph and computed tomography (CT) scan were performed. Treatment: Influenza and strep screens were negative. Urinalysis was normal. CBC showed a normal white count. Ultrasound ruled out hernia and muscle tear. Chest radiograph ruled out pneumonia.

Treatment

• Physical exam: Temperature 99.6°F, pulse 93 bpm, blood pressure 126/71 mm Hg. Exquisitely tender at McBurney’s point.
• Influenza and strep screens were negative. Urinalysis was normal. CBC showed a normal white count. Ultrasound ruled out hernia and muscle tear.

• Abdominal pelvis CT scan findings were consistent with acute appendicitis. There was significant enlargement of the appendix which measures 23 mm (normal=6mm). There was a possible appendicolith. (Figure 1 and 2)

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Differential Diagnosis

• Public symphysitis
• Hernia
• UTI
• Crohn’s disease
• Muscle tear.

Uniqueness

• WBC is elevated (greater than 10,000 per mcl) in 80 percent of all cases of acute appendicitis. This patient’s WBC was within the normal range (4,000-10,000 per mcl).

• Patients with acute appendicitis are sent for urgent appendectomy which is the gold standard of treatment. This patient was successfully treated with antibiotics, delaying appendectomy for six days.

• The patient was able to compete at an elite level after being diagnosed with acute appendicitis.

Clinical Significance

This patient was able to compete at an elite level after being diagnosed with acute appendicitis while being treated with antibiotics. This case study shows antibiotics can delay the need for appendectomy in patients with acute appendicitis.

Conclusions

• Currently the gold standard for appendicitis is urgent appendectomy.
• Antibiotics may serve as a conservative treatment option.
• Providing a conservative treatment approach may help decrease the need for unnecessary surgeries and the complications with them.
• Additional research concerning conservative treatment needs to be explored.

References