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Abstracts

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nowadays the role of surgery is debated with increasing evidences toward the conservative treatment. The aim of our work was to describe the epidemiology of acute appendicitis and its treatment in a large population study.
Material and methods: A retrospective analysis was performed from 1997 to 2013. All cases of acute appendicitis were selected from the administrative database of Bergamo district health system. Demographic data, surgical interventions and further hospital admissions due to appendicitis and bowel obstructions were recorded
Results: During the study period 16544 acute appendicitis were recorded with an estimated incidence of 89/100.000 per year. Mean age was 24.51 (±16.17) and 54.7 % of patients were male. Appendectomy was performed in 94.7 % of cases, with laparoscopic technique in 47 %. Conservative treatment was performed in only 5.3 % of cases, with a mean length of stay of 3.98 days versus 5.98 of operated patients. ($p < 0.0001$). 1.3 % of operated patients required further hospitalizations due to bowel obstruction after a mean time of 30 (±41) months; 57 % of them required surgery. Among conservatively treated patients a relapse rate of 23.1 % was recorded after a mean time of 6.5 (±15) months; 90 % of them were operated. Cumulative hospital stay was similar between the groups (5.2 vs 5.5 days, $p = 0.02$).
Conclusion: Acute appendicitis is a common surgical emergency; conservative treatment is still offered to a very small percentage of the population with a relapse rate of 23 % and similar results to operative treatment.
References:
Disclosure: No significant relationships.

O183

COMPLICATED ACUTE APPENDICITIS: OPEN VS LAPAROSCOPIC APPROACH IN THE ELDERLY

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Introduction: Complicated acute appendicitis is one of the most common emergencies worldwide needing an urgent surgical approach. To date there is no clear data about real advantages of the laparoscopic appendectomy(LA) vs open appendectomy(OA).In particular, evidence is lacking for the subgroup of old people, which is characterized by a frail clinical condition.
Material and methods: This retrospective study includes all the patients undergoing appendectomy for complicated acute appendicitis(with an intra surgery evidence of peritonitis),operated in our surgical department from September 2013 to June 2015. The choose of the surgical technique was left to operator's discretion. To evaluate patients' outcome we analyzed the post surgical days of hospitalization, the duration of antibiotic therapy, the number of deaths and a composite endpoint of post-surgical complications.
Results: We analyzed 206 patients, with a mean age of 31 ± 19 years. OA patients were 63;143 for LA. There was no significant difference between the groups for BMI, for white blood cell count, and imaging evidence of abscess or perforation. The mean hospitalization time was 4.6 ± 2.6 days in OA group and 4.4 ± 2.2 in LA group. The mean duration of antibiotic therapy was 2.3 ± 2.1 days in OA and 2.6 ± 2.3 days in LA. Post surgical complications were recorded in 5/63 OA patients vs 15/143 for LA. In detail, a trend towards an higher incidence of postsurgical abscess was observed in AL group. For elderly patients (age >65 years, $n = 24$) no significant difference was observed in the duration of hospital stay (6.2 ± 3.6 vs 6.2 ± 4.0 days p = ns),of antibiotic therapy (3 ± 2.9 vs 2.8 ± 2.3 days)and the composite endpoint of post surgical complications (2 vs 3)
Conclusion: In our experience, laparoscopic appendicectomy proved to be safe and effective but didn't show significant advantages compared to open approach in elderly patients as well as in overall population
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O184

APPENDICEAL MASS: IS INTERVAL APPENDECTOMY NECESSARRY?

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Introduction: Evaluate the necessity of interval appendectomy in patients who had treatment with diagnosis of appendiceal mass
Material and methods: Between 01 January 2010 - 31 December 2014, 43 patients who had diagnosed as Appendiceal mass were analyzed retrospectively regarding age, genre, time between the onset of symptoms and admission to the hospital, duration of hospitalization and follow-up.
Results: 25 of patients were male (% 58.2) and 18 of patients were female (% 41.8). Mean age was 47.7 (range 19-87). Mean time between the onset of symptoms and admission to the hospital was 9.1 (7-12) days for first diagnosis. At the second hospitalization with diagnosis of appendiceal mass, mean time between the onset of symptoms and admission to the hospital was 2.7 (1-4) days. 2 patients underwent diagnostic laparoscopy, 5 patients underwent diagnostic laparotomy and drainage. 2 patients underwent right hemicolectomy, one of it is because of the suspicion of malignancy and the other one is because of iatrogenic caecum injury. Malignancy was detected in two patients during routine colonoscopy after 1 month from discharge. 2 patients with malignancy underwent right hemicolectomy. 3 patients with periappendicular abscess underwent percutaneous drainage. Mean hospitalization duration was 8.7 (5-12) days. 1 patient required rehospitalization at 26. month and 30. Month because of appendicular disease and appendectomy was performed in third administration. No signs of recurrence was determined in other patients.
Conclusion: In patients diagnosed as appendiceal mass who treated conservatively and after discharge with colonoscopy the ileocecal pathologies was ostracised, the follow-up without perform interval appendectomy is a suitable option.
References:
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