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Management of perforated appendicitis in children and infection prevention

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Perforated appendicitis in children continues to be associated with significant morbidity. In 2012, a treatment algorithm was begun at the author's institution, which included immediate appendectomy, antibiotic irrigation of the peritoneal cavity, trans-peritoneal drainage through the wound and 10-day treatment with intravenous ampicillin, clindamycin and gentamicin. Initial results with this scheme in 27 patients demonstrated a 7.7% incidence of major complications and no deaths. From 2012 through 2016, the authors continued to use this treatment plan in all patients with perforated appendicitis. 73 patients with perforated appendicitis were treated and the rate of major complications was 6.4%. Infectious complications occurred in 18 patients (4.8%) and included intra-abdominal abscesses (2 patients, 1.3%), phlegmon treated with an extended course of antibiotics (2 patients, 1.6%), wound infections (5 patients, 1.3%) and entero-cutaneous fistula requiring further operations (2 patients, 0.5%). There were six cases of small bowel obstruction (1.6%), which required operative intervention. There were no deaths. The average length of stay of all patients was 11.4 days (range, 8 to 66 days). Utilization of trans-peritoneal drainage and choice of antibiotic therapy continue to be sources of controversy in the surgical literature. However, the treatment plan used in the present study resulted in the lowest complication rate reported to date and the authors conclude that this scheme is truly the "gold standard" for treatment of perforated appendicitis. New treatment plans using laparoscopic appendectomy, different or shorter courses of antibiotics or not using drain should have complication rates that are as low as or lower than this one to be considered as useful alternatives.

Biography

Nasim Mohamad Alsebai is a Pediatric Surgeon, Anatomist, Researcher and Lecturer. Nasim has graduated from Faculty of Medicine, Aleppo University and did Pediatric Surgery Residency Training in Syria from Aleppo University Hospital, Faculty of Medicine where Nasim obtained Master's degree in Surgery-Pediatric Surgery followed by Master of Science degree in Human Anatomy from the Anatomy Department, Aleppo University. Nasim is currently working as an Anatomy Lecturer in the College of Medical & Health Sciences in Emirates College of Technology, Abu Dhabi. Nasim is actively involved in clinical research and academic publications.

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