



Laparoscopic Versus Open Appendectomy in Children with Complicated Appendicitis in a Tertiary Teaching Hospital

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Abstract:

Background- Acute appendicitis in children is the most common surgical emergency. Good outcomes have been reported with laparoscopic appendectomy (LA) in children for uncomplicated

appendicitis. But the use of laparoscopy for complicated appendicitis in children is more controversial. Higher incidences of postoperative abdominal and wound infections have been reported. The purpose of this study was to compare LA and open appendectomy (OA) for complicated appendicitis in children.

Methodology- This was a prospective study conducted by the department of Pediatric surgery over a period of 4 years from January 2015 to January 2019. All the children with complicated appendicitis were included in the study (perforation with localised/generalised abscess, appendicular, gangrenous appendix). Children with simple appendicitis were excluded from the study. In the study period 80 children presented with complicated appendicitis. 40 children underwent open appendectomy and remaining 40 underwent laparoscopic appendectomy. Data collection included demographics, duration of symptoms, type of complicated appendicitis, operative time, resumption of diet, early and late complication, length of hospitalization and duration of antibiotic use.

Results- No significant difference was found with respect to age, duration of symptoms and total

leucocyte count between two groups. The operative time for LA (55.83 ± 4.81 minutes for LA vs 67.16 ± 4.27 minutes for OA; $P = .0001$) was shorter. Patients in the LA group returned to oral intake earlier (2.83 ± 0.31 days for LA vs 3.84 ± 0.33 days for OA; $P = .001$) and had a shorter length of hospital stay (5.11 ± 0.55 days for LA vs 7.92 ± 1.06 days for OA; $P = .0001$). The incidence of wound infection in group LA was 5.5% compared to 18.9% in OA group.



Conclusion- The laparoscopic technique for complicated appendicitis in children is feasible, safe.

Laparoscopic appendectomy should be the initial procedure of choice for most cases of complicated

Biography:

Dr. Dhruva has completed his undergraduation from KIMS bangalore and is pursuing his postgraduation in general surgery at KIMS bangalore.

Publication of speakers:

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2. Kirtane, Milind & Chavan, Kashmira & Satwalekar, Dhruv. (2014). Primary Spontaneous Transclival Cerebrospinal Fluid Leak. Pakistan Journal of Otolaryngology Head and Neck Surgery. 30. 61.
3. Kirtane, Milind & Chavan, Kashmira & Satwalekar, Dhruv. (2014). Endonasal Endoscopic Repair of Cerebrospinal Fluid Rhinorrhea with Meningoencephalocele: The Three-Layered 'Sandwich' Technique.. Annual Journal of Otolaryngology & Head & Neck Surgery (Official Journal of NEBAOI). 22. 1.
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