

Minimizing Ionizing Radiation in the Diagnosis of Acute Appendicitis in the Emergency Department.

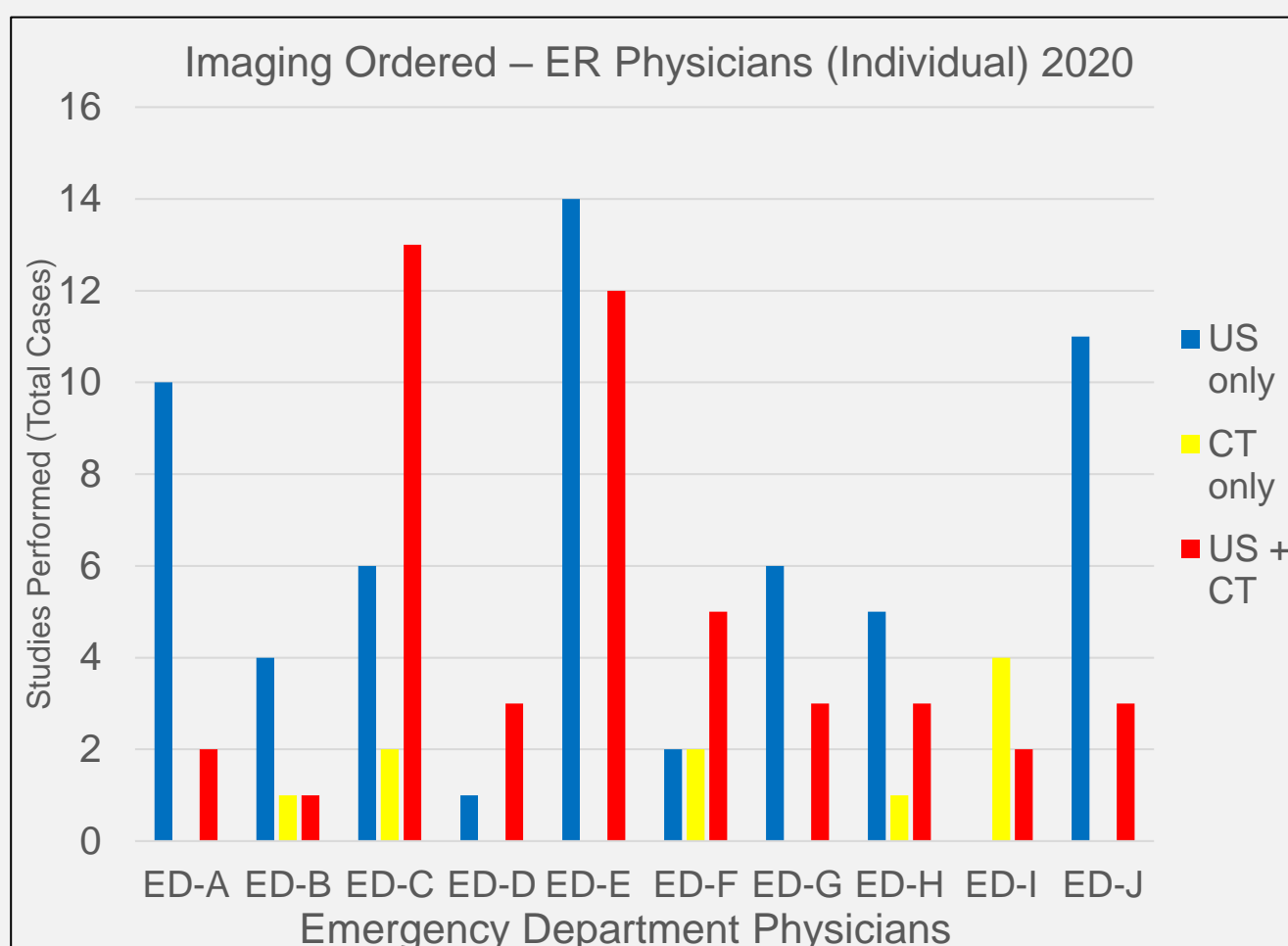
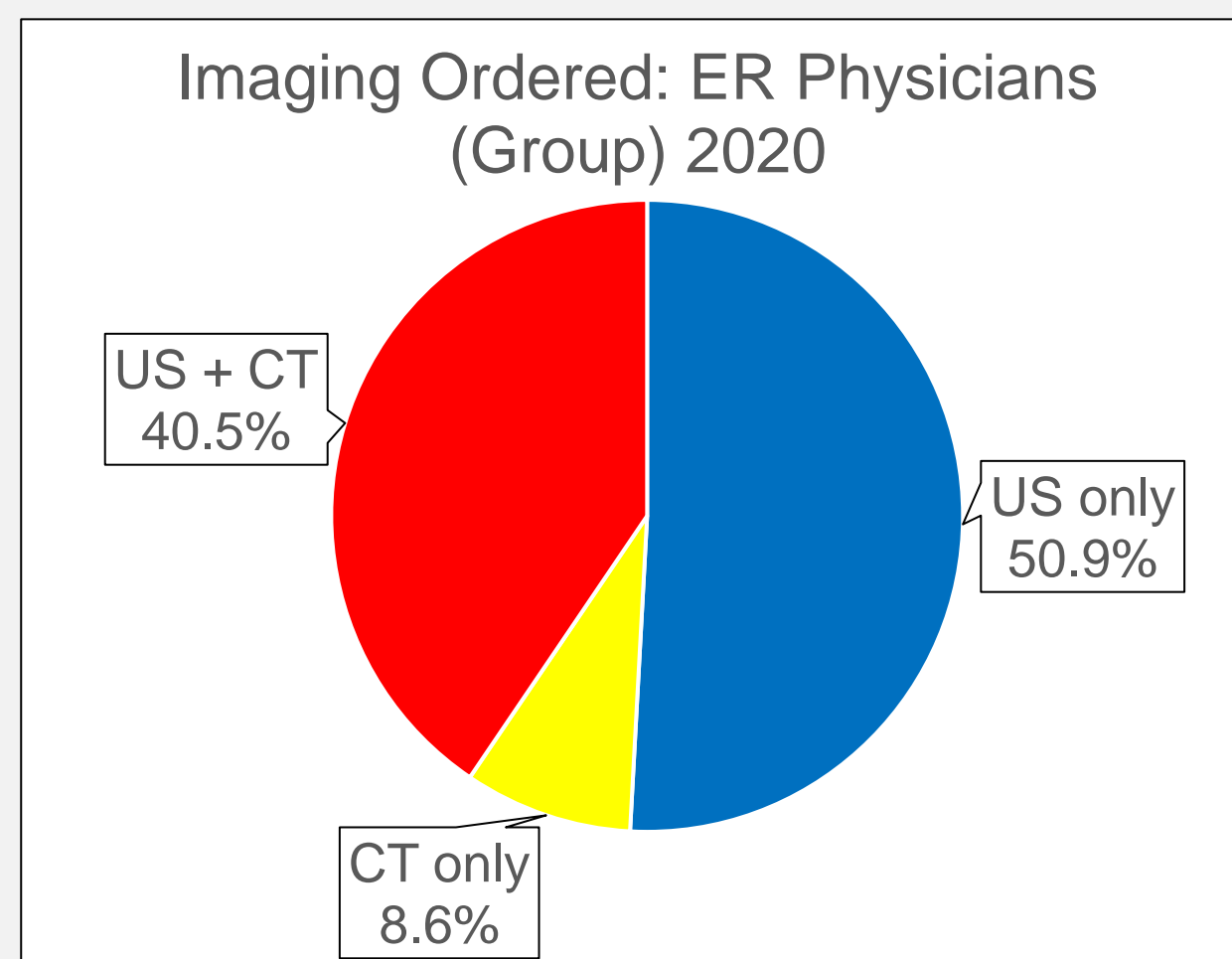
INTRODUCTION

- Appendicitis is the most common childhood surgical emergency.
- CT scans usage has continued to increase over the last 3 decades.⁵
- In the United States at least 600,000 abdominal and head CT are performed on children <15 years old.^{1,5}
 - Based on this lifetime risk, a rough estimate of 500 of those patients will die from cancer attributable to radiation from CTs.

STUDY DESIGN / METHODS

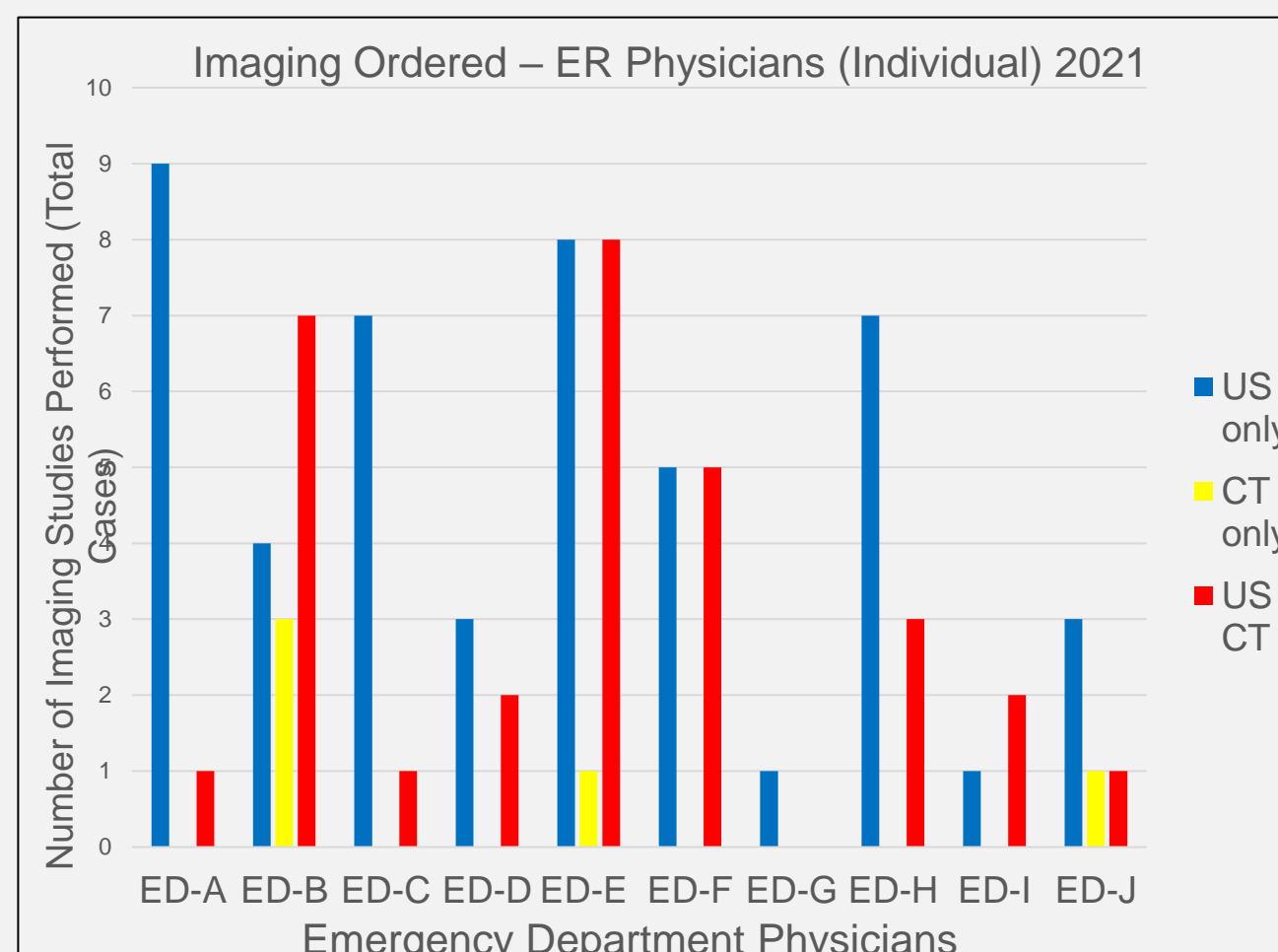
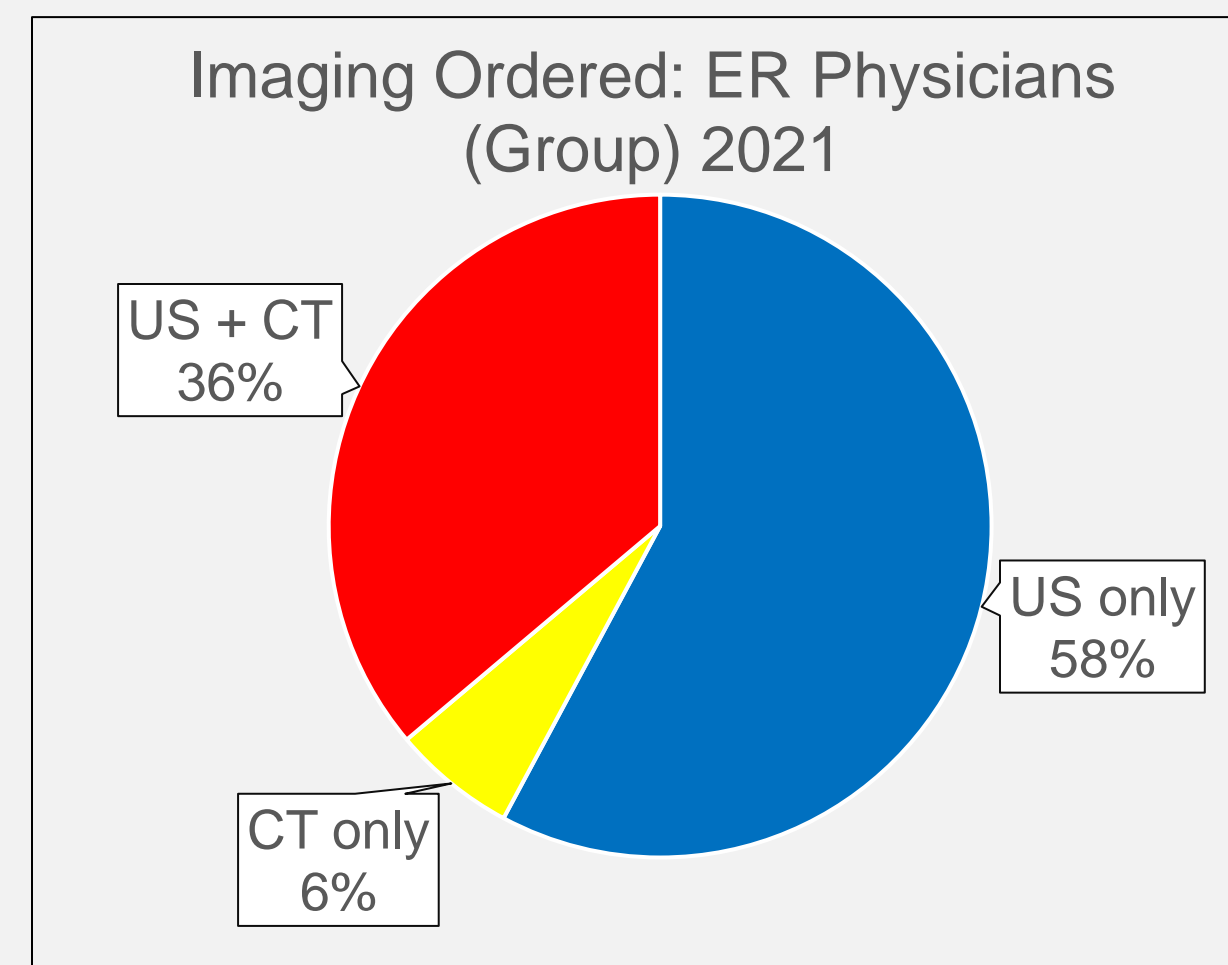
- This was a quality improvement project to decrease ionizing radiation at Saint Peter's University Hospital by 20%.
- Retrospective chart review from January 2020 – December 2021.
- Inclusion Criteria:**
 - <18 years old admitted to SPUH.
 - Diagnosis of acute appendicitis.
- Exclusion Criteria:**
 - None.
- After 2020 data was collected, ER providers were shown the results and pathway was introduced to the ER providers.
- Providers were encouraged to always start with an ultrasound when evaluating appendicitis.
- If the appendix was not visualized or the ultrasound was not diagnostic, providers were encouraged to (prior to ordering a CT scan):
 - Calculate pediatric appendicitis score.
 - Consult surgery
 - Re-examine the patient
 - Repeat US or discuss with radiology

RESULTS (2020)



- During the diagnostic work-up of appendicitis:
 - 91.4% of patients had an US performed.
 - 49.1% of patients had a CT scan performed.
- 15 patients had a tubular structure visualized on US and went on to have a CT performed.

RESULTS (2021)



- During the diagnostic work-up of appendicitis:
 - 95.2% of patients had an US performed.
 - 42.0% of patients had a CT scan performed.
- 10 patients had a tubular structure visualized on US and went on to have a CT performed.

DISCUSSION

- Overall, the number of patient receiving only an US when diagnosing acute appendicitis increased 7%, with a reflected decrease in CT usage by the same amount.
- Solely by focusing on the ER physicians there was an ionizing radiation reduction of 7% from 2020 to 2021.
- A study was done in the Seattle metropolitan area developed a pathway model incorporating the pediatric appendicitis score (PAS) with US to optimize diagnostic accuracy while decreasing CT usage.²
- Overall, the usage of US increased significantly from 29% to 47%, although CT usage did not decrease (14% to 17%).²
- Moderate risk PAS patients who's providers had used the pathway had a much lower rate of CT.²
 - 2.4% compared to 23%
- Better incorporation of the PAS in the diagnosis pathway should lead to more significant decreases in ionizing radiation.^{3,4}

Table 1
Pediatric appendicitis score.

Feature	Point Value
Migration of pain	1
Anorexia	1
Nausea/vomiting	1
RLQ tenderness	2
Cough/hop/percussion pain	2
Fever	1
Leukocytosis	1
Left shift on WBC differential	1

REFERENCES

- Brenner D, Elliston C, Hall E, Berdon W. Estimated risks of radiation-induced fatal cancer from pediatric CT. *AJR Am J Roentgenol.* 2001 Feb;176(2):289-96. doi: 10.2214/ajr.176.2.1760289. PMID: 11159059.
- K.T. Anderson et al. Hospital type predicts computed tomography use for pediatric appendicitis. *Journal of Pediatric Surgery* 54 (2019) 723–727.
- Kobayashi et al. Does the implementation of a pediatric appendicitis pathway promoting ultrasound work outside of a children's hospital? *The American Journal of Surgery.* March 16, 2018.
- Kotagal M., Richards M.K., Flum D.R., Acierno S.P., Weinsheimer R.L., Goldin A.B. Use and accuracy of diagnostic imaging in the evaluation of pediatric appendicitis. *J Pediatr Surg.* 2015 Apr; 50: 642-646.
- Laura W. Hansen, Stephen E. Dolgin; Trends in the Diagnosis and Management of Pediatric Appendicitis. *Pediatr Rev* February 2016; 37 (2): 52–58. <https://doi.org/10.1542/pir.2015-0021>.