

The validity of Alvarado score in diagnosis of acute appendicitis among Sudanese patients at Khartoum teaching hospital at July and August 2013

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Abstract

Acute appendicitis is the most common cause of an acute abdomen in young adult with a life time risk of about 6% (1) and appendectomy is the most frequently performed urgent abdominal operation. The diagnosis of acute appendicitis is essentially clinical however. The most widely used is the Alvarado score also known by the acronym MANTRELS Measure the diagnostic accuracy of Alvarado score as rule in score at cut point of 7 and Assessment of the rule of application of the score in reduction of negative appendectomy This study is designed as descriptive cross sectional and includes 84 patients from Khartoum teaching hospital in July-August 2013. The data is collected using questionnaire but with direct interview with each patient. Data is analysed using SPSS and score is precoded to each patient. Verbal consent from emergency department unit was taken.

Negative appendectomy was found in 7.1% of patients, all were Alvarado score below 7. 37% of overall patients had complicated appendix. At cut point 3 of the score no inflamed appendix was found and at cut of point 7 no normal appendix was found. Elevated temperature was found negative in 43.6% of positively inflamed appendix Diagnostic accuracy of Alvarado score is 100% at cut point of 7, because all patients at or above 7 have positive surgical appendicitis. 43% of those with positive appendicitis have no fever.

Alvarado score must be applied to decrease negative appendectomy. Alvarado score require revision and modification to include only high sensitive and specific clinical symptoms and signs and also it includes left shift of Neutrophil maturation, which is not routinely done in many laboratories. Health education is required to improve and ensure early detection of appendicitis and decrease the high percentage of complicated appendix.

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