STRONG CHILDREN'S RESEARCH CENTER

Summer 2013 Research Scholar

Name: **Rakhee Lalla**

School: **University of New England College of Osteopathic Medicine**

Mentor: **Dr. Yi-Horng Lee**

perforated appendixes. It is therefore, crucial to minimize the time that it takes for a patient to reach the OR when presenting with appendicitis.

Although we have reported that there is no significant difference in surgical outcome after either a CT scan or an US is used in diagnosis, this study shows that the use imaging modalities can affect the efficiency of caring for these patients. Most notably, the significant increase in time with the use of a CT scan over an US in boys with AA is one to be considered, given that the majority of patients with appendicitis in this population were diagnosed with AA. Though the increased use of US since the start of the Late period should be maintained in order to minimize this time difference, perhaps a heavier focus should be placed on an accurate history and physical examination of the patient in diagnosis, to further shorten the time taken to reach the OR. This has been supported in a study by York et al. (2005), which argues that the utilization of imaging in diagnosis serves to delay surgical treatment and increase healthcare costs withT1BT1 I(hp7( )- 4(osts)-)5(S)-3

References:

(1)Addis, D.G., Shaffer, N., Fowler, B.S., Tauxe, R. V. (1990). The epidemiology of appendicitis and appendectomy in the United States. *American Journal of Epidemiology, 132*(5), 910-926.

(2)American Cancer Society. (1/11/13). General questions and comments on radiation risk. American Cancer Society. 6/5/13. http://www.cancer.org/tre