

Appendicitis

The appendix is a narrow, finger-shaped, hollow structure attached to the large intestine. While it serves no purpose in humans, it can cause serious problems when it becomes inflamed. Because of its location, this can happen quite easily. For example, a piece of food or stool can get trapped inside, causing the appendix to swell, become infected and painfully inflamed. This inflammation, called appendicitis, is most common in youngsters over the age of six, but can occur in younger children as well. Once infected, the appendix must be removed. Otherwise it may burst, allowing the infection to spread within the abdomen.

Because this problem is potentially life-threatening, it's important to know the symptoms of appendicitis so you can call your pediatrician at the first sign of trouble. In order of appearance, the symptoms are:

- **Abdominal Pain:** This usually is the child's first complaint. Almost always, the pain is felt first around the umbilicus (belly button). After several hours as the infection worsens, the pain may intensify in the lower right side. Sometimes, if the appendix is not located in the usual position, the discomfort may occur elsewhere in the abdomen or in the back, or there may be urinary symptoms such as increased frequency or burning. Even when the appendix lies in its normal position and the pain is in the right lower abdomen, it also may irritate one of the muscles that leads toward the leg, causing the child to limp or walk bent over.
- **Vomiting:** After several hours of pain, vomiting may occur. It is important to remember that stomachache comes before the vomiting with appendicitis, not after. Abdominal pain that follows vomiting is commonly seen in viral illnesses such as the flu.
- **Loss of appetite:** The absence of hunger occurs shortly after the onset of the pain.
- **Fever:** There may be a low-grade fever (100-101 degrees Fahrenheit; 38-38.5 degrees Celsius).

Unfortunately, the symptoms associated with appendicitis sometimes may be hidden by preceding viral or bacterial infections. Diarrhea, nausea, vomiting, and fever may appear before the typical pain of appendicitis, making the diagnosis much more difficult. Also, your child's discomfort may suddenly vanish, thus persuading you that all is well. Unfortunately, this disappearance of pain also could mean that the appendix has just broken open. Although the pain may leave for several hours, this is exactly when appendicitis becomes dangerous. The infection will spread to the rest of the abdomen, causing your child to become much more ill, develop a higher fever, and require hospitalization for surgery and intravenous antibiotics. Recovery may take much longer, and there may be more complications than with appendicitis diagnosed and treated earlier.

Detecting the signs of appendicitis is not always easy. This is particularly the case in a child under the age of three, who cannot tell you where it hurts or that the pain is moving to the right side. Therefore, it's better to act sooner rather than later if you have any suspicion that your child's pain or discomfort seems "different," more severe than usual, or out of the ordinary. While most children with abdominal pain don't have appendicitis, only a physician should diagnose this serious problem.

If the abdominal pain persists for more than an hour or two, and if your child also has nausea, vomiting, loss of appetite, and fever, notify your pediatrician immediately. If the doctor is not certain the problem is appendicitis, she may decide to observe your child closely for several hours, either in or out of the hospital. During this time, she will have performed additional laboratory or X-ray examinations to see if more conclusive signs develop. If there is a strong probability that appendicitis is present, surgery usually will be done as soon as possible.

In almost all cases, the treatment of appendicitis is surgical removal of the appendix. In rare instances, the tissue covering the intestines may enclose the appendix, thus containing the infection. This makes it more difficult to remove the appendix without spreading the infection, so antibiotics may be used, either alone or combined with drainage of the infection by a small tube. Because inflammation can recur even after the initial infection is gone, the appendix usually is removed later on.

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