



Unexplored Dimensions in the Diagnosis of Acute Appendicitis: Beyond the Alvarado Score and Imaging Techniques

Alvarado Skoru ve Görüntüleme Tekniklerinin Ötesinde Akut Apendisit Tanısında Keşfedilmemiş Yönler

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Dear Editor;

We read with great interest the article titled "Accuracy in the Diagnosis of Acute Appendicitis: Physical Examination Versus Imaging", prepared by Benek and Acar and published in the second issue of your journal in 2023 (1). We would like to thank the authors and editors. However, we would like to touch upon a few points to contribute to the discussion about the management of this common abdominal pathology and to contribute to new researchers. We hope that by expanding the scope, it will provide new perspectives that will contribute to our understanding of the complexities involved in accurate and timely diagnosis.

Psychosocial Impact: Beyond the physical manifestations, acute appendicitis can have psychosocial ramifications on individuals. The delayed diagnosis, often attributed to the challenging nature of symptoms, can contribute to heightened anxiety and stress. Exploring the psychological impact on patients warrants attention for a more patient-centric diagnostic approach (2).

Patient-Physician Communication: Effective communication between patients and healthcare providers is crucial for timely diagnosis. This text examines the nuances of patient-physician interactions in the context of acute appendicitis (3). It considers how linguistic and cultural factors might influence symptom reporting, potentially impacting diagnostic accuracy.

Diagnostic Disparities: This section scrutinizes potential disparities in acute appendicitis diagnosis across demographic groups. By investigating whether socioeconomic factors, access to healthcare, or cultural nuances contribute to diagnostic variations, we aim to address the broader societal implications of this condition (4).

Integration of Technology: While conventional imaging methods take the spotlight, emerging technologies like artificial intelligence and machine learning offer untapped potential. This text explores the role of these technologies in refining diagnostic accuracy, predicting outcomes, and potentially revolutionizing acute appendicitis diagnosis (5).

Beyond Binary Gender Considerations: In the context of higher negative appendectomy rates in females, this section goes beyond the binary gender perspective. By considering diverse gender identities and expressions, the text aims to uncover nuances that might influence symptomatology, impacting diagnostic challenges and opportunities.

Patient-Reported Outcomes: Incorporating patient-reported outcomes into the diagnostic framework provides a valuable but often neglected perspective. The text explores how patients experience and articulate their symptoms, aiming to bridge the gap between clinical observations and subjective patient experiences (7).

Future Directions: This section speculates on the future of acute appendicitis diagnosis, considering advancements in medical research, technology, and healthcare delivery. By envisioning a more comprehensive diagnostic landscape, we pave the way for innovative approaches that could redefine how we perceive and diagnose this common abdominal ailment (8).

As we traverse uncharted territories in the realm of acute appendicitis diagnosis, this text advocates for a more inclusive, nuanced, and patient-centric approach. By exploring psychosocial, cultural, technological, and patient-reported dimensions, we contribute to a more holistic understanding of this prevalent condition.

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References

- 1. Benek S, Açar S. Accuracy in the diagnosis of acute appendicitis: Physical examination versus imaging. HTD. 2023;3(2):41-7.
- **2.** Humes DJ, Simpson J. Acute appendicitis. BMJ. 2006 Sep 9;333(7567):530-4. doi: 10.1136/bmj.38940.664363.AE.
- 3. Zolnierek KB, Dimatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care. 2009 Aug;47(8):826-34. doi: 10.1097/MLR.0b013e31819a5acc.
- 4. Bhanderi S, Ain Q, Siddique I, Charalampakis V, Daskalakis M, Nijjar R, Richardson M, Singhal R. Demographic factors associated with length of stay in hospital and histological diagnosis in adults undergoing appendicectomy. Turk J Surg. 2022 Mar 28;38(1):36-45. doi: 10.47717/turkjsurg.2022.5406.
- 5.Lam A, Squires E, Tan S, Swen NJ, Barilla A, Kovoor J, Gupta A, Bacchi S, Khurana S. Artificial intelligence for predicting acute appendicitis: a systematic review. ANZ J Surg. 2023 Sep;93(9):2070-2078. doi: 10.1111/ans.18610.
- **6.**Capoglu R, Gonullu E, Bayhan Z, Coskun M, Harmantepe T, Kucuk F. Comparison of scoring systems regarding the gender as a parameter with the traditional scoring systems for predicting appendicitis. Updates Surg. 2022 Jun;74(3):1035-1042. doi: 10.1007/s13304-022-01272-y.
- 7.Chau DB, Ciullo SS, Watson-Smith D, Chun TH, Kurkchubasche AG, Luks FI. Patient-centered outcomes research in appendicitis in children: Bridging the knowledge gap. J Pediatr Surg. 2016 Jan;51(1):117-21. doi: 10.1016/j.jpedsurg.2015.10.029.

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