

## INTRODUCTION

Acute appendicitis is the most common cause of abdominal pain resulting in surgery in the western countries. Despite the common presentation and extensive clinical experience, diagnosis remains challenging. Radiology tests have been advocated for the confirmation of clinical and laboratory findings, but the extent of its use varies.

## METHOD

We conducted a survey among 181 surgeons and emergency physicians in 19 hospitals in order to find out what is the preferred way of establishing the diagnosis of acute Appendicitis.

The survey contained the following a case study and questionnaire  
A 25 years old male suffering yesterday from periumbilical abdominal pain than wondered to his right lower quadrant. He also suffers from anorexia and two vomits.

On admission to the emergency room his pulse is 90, blood pressure is 120/80, saturation is 99% (room air), fever 37.8, BMI 24.

On physical examination he has significant tenderness in his right lower quadrant rebound and positive Rovsing's sign.

Lab results: WBC 12,000, Neutrophilia 1,000, CRP 3

Pending on your experience, What is the next stage? (appendectomy, abdominal ultrasound, abdominal CT, abdominal MRI).

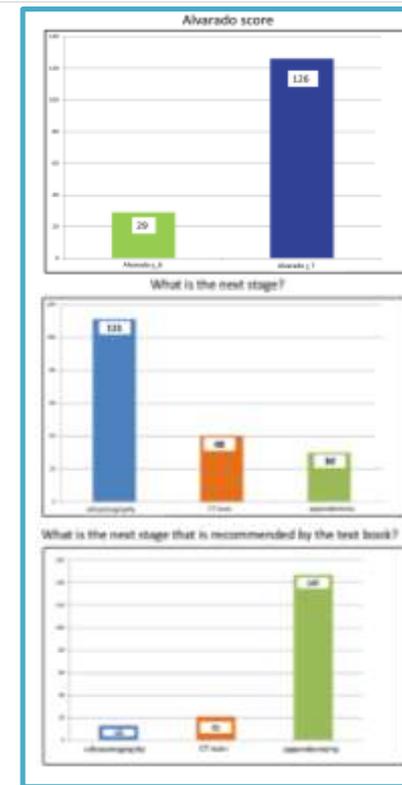
What is the next stage that is recommended by the text book?

(appendectomy, abdominal ultrasound, abdominal CT, abdominal MRI).

## RESULTS

Out of 181 surgeons and emergency room physicians, 126 (69.6%) knew that the Alvarado score of the patient was higher the 7.

147 (81.2%) thought that the literature recommendation is to operate that specific patient without the need of imagining tests. But 151 (83.4%) chose to do a radiologic test (ultrasonography or Computed tomography) before surgery.



## CONCLUSIONS

Nowadays, most of the surgeons and emergency physicians in Israel choose to establish the diagnosis of acute appendicitis by using radiology test even when the diagnosis is indicated based on clinical and laboratory findings.