Suspected Appendicitis—Child

The appendix is a finger-shaped pouch off the first part of the colon.
Appendicitis (https://www.radiologyinfo.org/en/info/appendicitis) is inflammation of the appendix. Symptoms of appendicitis include pain, appetite loss, nausea, and vomiting, but these symptoms also occur for other illness and disease conditions, sometimes making appendicitis hard to diagnose. Appendicitis is most common in adolescents, less common in infants and preschool children, and rare in newborns. The most common treatment is an appendectomy, the surgical removal of the appendix. Clinical diagnosis uses scoring systems to assess the level of risk and to help determine the best imaging test to confirm diagnosis.

Imaging tests are not recommended for children identified to be at low risk.

US abdomen (https://www.radiologyinfo.org/en/info/abdomus-pdi) right lower quadrant (RLQ) or US abdomen is usually an appropriate imaging test for children identified to be at intermediate risk for appendicitis.

Children identified to be at high risk may have an appendectomy without imaging. When imaging is performed, CT abdomen and pelvis (https://www.radiologyinfo.org/en/info/abdominct) with intravenous (IV) contrast, MRI abdomen and pelvis (https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis) without IV contrast, or ultrasound abdomen RLQ may be appropriate.

CT abdomen and pelvis with IV contrast, MRI abdomen and pelvis without IV contrast, or MRI abdomen and pelvis without and with IV contrast is usually appropriate following a nondiagnostic ultrasound abdomen RLQ in children with suspected acute appendicitis.

CT of the abdomen and pelvis with contrast is usually appropriate for assessment of complications of appendicitis either as initial imaging or as follow-up imaging after initial imaging shows complications such as an abscess or bowel obstruction.

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