

Appendicitis

Appendicitis is inflammation of the appendix, a closed tube of tissue attached to the large intestine in the lower right abdomen. Inflammation can occur when the appendix becomes infected or blocked with stool, foreign objects or a tumor.

Your doctor may use abdominal or pelvic ultrasound, CT of the abdomen and pelvis, MRI of the pelvis or x-ray to evaluate your condition. The most common treatment for appendicitis is surgical removal of the appendix. If the appendix ruptures and creates an abscess, your doctor may recommend percutaneous abscess drainage to remove the infected fluid from your body.



What is appendicitis?

Appendicitis is a condition that results from inflammation of the appendix (<http://www.radiologyinfo.org>). The appendix is a blind ending (closed) tube of tissue attached to the large intestine in the lower right part of the abdomen. Inflammation occurs when the appendix becomes infected or blocked. Blockages can be the result of:

- stool
- foreign bodies (objects or substances that have been introduced from the outside)
- a tumor (<http://www.radiologyinfo.org>)

Appendicitis pain typically begins around the navel and then migrates to the lower right abdomen (right lower quadrant). The pain may be dull at first but may become more sharp or severe. Accompanying symptoms may include slight fever (above normal but less than 100 degrees), vomiting or nausea.

Some individuals, particularly children, experience loss of appetite.

As the condition progresses, severe pain is usually felt in the lower right part of the abdomen.

As the appendix becomes further inflamed, symptoms may include:

- severe or worsening pain or cramping in the abdomen, rectum or back
- swelling or tenderness in the abdomen
- severe nausea or vomiting
- high fever (over 100 degrees)
- diarrhea or constipation
- inability to expel gas

Appendicitis can be difficult to diagnose because a number of other conditions can cause similar symptoms. Not everyone with appendicitis exhibits all of these symptoms. If you have any of these symptoms, particularly abdominal pain that continues to worsen, contact your doctor immediately.

How is appendicitis diagnosed and evaluated?

Several tests can be used to evaluate appendicitis:

- Abdominal (<https://www.radiologyinfo.org/en/info/abdominus>) or pelvic ultrasound (<https://www.radiologyinfo.org/en/info/pelvus>) may be performed. Ultrasound is a type of imaging exam that uses sound waves to create pictures of the inside of the abdomen and/or pelvis.

Ultrasound is particularly useful in children and pregnant women because it does not use radiation. For information about ultrasound procedures performed on children, visit the Pediatric Abdominal Ultrasound (<https://www.radiologyinfo.org/en/info/abdomus-pdi>) page.

- A CT scan of the abdomen and pelvis (<https://www.radiologyinfo.org/en/info/abdominct>) may be performed. During a CT scan, x-rays are used to capture pictures of the inside of the abdomen and pelvis. CT scan is often the preferred imaging method of diagnosing appendicitis in adults because it is highly accurate. The exam usually uses IV contrast.

For information on CT scans performed on children, visit the Pediatric CT (<https://www.radiologyinfo.org/en/info/pedia-ct>) page.

- In young patients or women who are pregnant, MRI of the pelvis (<https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis>) may be performed. MRI obtains pictures of the body using a strong magnet.
- In some cases, an abdominal or chest x-ray (<https://www.radiologyinfo.org/en/info/chestrand>) may be the initial imaging study. Your doctor may use x-ray to rule out other conditions that cause pain similar to appendicitis, such as pneumonia or bowel obstruction.

How is appendicitis treated?

The most common treatment for appendicitis is an appendectomy, or surgery to completely remove the appendix. However, in some patients, the appendix can rupture and lead to an abscess (<http://www.radiologyinfo.org>), or collection of pus. If this is the case, your doctor may recommend having a percutaneous abscess drainage procedure (<https://www.radiologyinfo.org/en/info/percabscessdrn>) to remove the fluid from your body in addition to undergoing an appendectomy. Patients who undergo percutaneous abscess drainage will remain hospitalized; length of stay can vary depending on response to treatment and any complications. Follow up is usually done on an outpatient basis and you will be seen by your interventional radiologist (<http://www.radiologyinfo.org>) to make sure healing is proceeding according to plan.

Which test, procedure or treatment is best for me?

- *Right-Lower Quadrant Pain* (<https://www.radiologyinfo.org/en/info/acs-right-lower-quadrant-pain>)
- *Suspected Appendicitis-Child* (<https://www.radiologyinfo.org/en/info/acs-appendicitis-child>)

Disclaimer

This information is copied from the RadiologyInfo Web site (<http://www.radiologyinfo.org>) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at <http://www.radiologyinfo.org> to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright ® 2026 Radiological Society of North America, Inc.