SOUTHWESTERN NEWS

Contact: Reyes Abila
(214) 648-3404
e-mail: abila@utsw.swmed.edu

**UT SOUTHWESTERN PHYSICIANS
DEFINE BEST MODE FOR APPENDICITIS DIAGNOSIS**

DALLAS – Nov. 19, 1996 – The most accurate way to diagnose appendicitis in a clinical setting still appears to be by combining the findings from the patient history and physical exams, concluded internal medicine physicians at UT Southwestern Medical Center at Dallas.

The review, "Does This Patient Have Appendicitis?," was published in the Nov. 20 edition of the *Journal of the American Medical Association*. Dr. James M. Wagner, associate professor of internal medicine and associate dean for student affairs, and his colleagues reviewed 10 well-documented appendicitis studies involving 4,000 patients to determine the effectiveness of the patient-history exam and physical exam in diagnosing appendicitis.

"Too often technology is too heavily relied upon in the diagnosis of illnesses that afflict patients. In many instances, like appendicitis, a careful clinical examination is as good as or better than expensive high-tech tests," Wagner said. "We wanted to review the literature and find the most powerful aspects of the clinical examination in the evaluation of a patient with abdominal pain."

The physicians found that six aspects of the history exam and the presence of at least four of seven physical symptoms provided the best method for diagnosing appendicitis without the aid of surgical methods. Observation of right lower-quadrant pain, rigidity of the lower abdominal muscle wall and migration of pain from the left side to the right side of the abdomen are the three most prominent clinical findings that indicate a high probability of appendicitis, Wagner said.

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Other clinical signs and symptoms that were found to be useful in accurately diagnosing appendicitis included pain before vomiting, irritation of the psoas muscle (found in the lower abdomen), fever, rebound tenderness, guarding (voluntary contraction of the abdominal muscle), no history of similar pain, rectal tenderness, anorexia, nausea and vomiting.

"Clinicians rarely rely on a single sign or symptom for diagnosis but on a combination of findings," Wagner said. Clinicians often do not collect enough clinical details for accurate and precise diagnosis, he said, which is why particular attention should be paid to the findings of the physical and patient-history exams.

The study review also compared the physical and patient-history exams to other diagnostic tests, including computer-aided analyses, X-rays, ultrasound and laparoscopy. The reviewers noted, however, that "none are ideal techniques, and the clinician must depend on patient history and physical examination."

Co-authors of the JAMA review article are Dr. John L. Carpenter, professor of internal medicine at UT Southwestern, and Dr. W. Paul McKinney, chief of the division of general internal medicine at the University of Louisville School of Medicine in Kentucky.

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