



## Imaging in acute pancreatitis – A QI Project

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### Abstract:

#### Introduction:

The diagnosis of appendicitis relies on a thorough history and examination, and can often be challenging. Ultrasound is widely considered to be the most appropriate first line investigation; however non-diagnostic ultrasounds are not uncommon and do lead to delays in diagnosis and/or definitive treatment by creating a need for further clinical assessment.

This was a retrospective analysis of 99 patients undergoing appendicectomy, with a prior ultrasound abdomen within one week of the procedure being undertaken. Data was collected from review of patient's hospital medical records (discharge summaries, clinic letters, PACs).

#### Results:

99 patient aged 8-76 years were studied. Male to female ratios was 3:1. The sensitivity and specificity of ultrasound was 16% (95% CI - 7% to 29%) and 96% (95% CI - 86% to 99%) respectively with PPV of 80% and NPV of 52%. The accuracy of ultrasound diagnosis was found to be 55% (95% CI 44% to 65%). The negative appendicectomy rate was 48%.



#### Conclusion:

USS cannot reliably identify nor exclude appendicitis. Less than 16% of patients who had proven appendicitis (positive histology) had scans that indicated this. Almost 50% of the normal/indeterminate scans were false negatives. Furthermore, 20% of positive ultrasound reports were false-positives.

#### Biography

Omar Desouky completed MBBS at Newcastle university. Currently working as a Foundation year 2 in North west of England, Current surgical lead of the undergraduate teaching committee, with an interest in general surgery and Orthopaedics.

[Webinar on Surgery; Berlin, Germany; November 19, 2020](#)

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