

 SYSTEMATIC REVIEW

Treatment of appendiceal mass – a qualitative systematic review

Jesper Olsen¹, Jan Skovdal¹, Niels Qvist² & Thue Bisgaard³

INTRODUCTION

The treatment strategy for appendiceal mass is controversial, ranging from operation or image-guided drainage to conservative treatment with or without antibiotics. The aim of this study was to assess the various treatment modalities with respect to complications and treatment failure.

METHODS

The analysis was based on the principles of a qualitative systematic review. The literature was searched in PubMed for the period from 1966 to March 2014. The articles were reviewed with respect to complications, treatment failure and hospital stay. Papers on post-operative intra-abdominal abscesses and abscesses of any cause other than appendicitis were excluded as were also studies only describing recurrent appendicitis and/or interval appendectomy. Sub-analyses were performed in children, adults, and in mixed populations.

RESULTS

A total of 48 studies were found eligible; they included in total 3,772 patients. Operation for appendiceal mass was beset with a moderate to high risk of complications of up to 57% and a risk of intestinal resection of up to 25%. Major complications were observed in up to 18% of cases. Conservative treatment with or without antibiotics was associated with a treatment failure rate of 8-15%. Drainage was beset with a risk of complications of 2-15% and a risk of treatment failure of 2-13%.

CONCLUSION

Operation with appendectomy for appendiceal mass carries a high risk of complications compared with conservative treatment or drainage. Drainage may lower the risk of treatment failure but entails a risk of complications. Based on the best evidence, we propose a step-down treatment strategy.

FUNDING: not relevant.

TRIAL REGISTRATION: not relevant.

CORRESPONDENCE: Jesper Olsen. E-mail: josn@regionsjaelland.dk

ACCEPTED: 20 May, 2014

CONFLICTS OF INTEREST: Disclosure forms provided by the authors are available with the full text of this article at www.danmedj.dk.

REFERENCE: Dan Med J 2014;61(8):A4881

FROM: 1) Department of Surgery, Køge-Roskilde Hospital, 2) Department of Surgery, Odense University Hospital, 3) Department of surgery, Hvidovre Hospital

 ORIGINAL ARTICLE

Base fractures of the fifth proximal phalanx can be treated conservatively with buddy taping and immediate mobilisation

Lars S. Vadstrup, Stig Jørring, Peter Bernt & Michel E.H. Boeckstyns

INTRODUCTION

Treatment of base fractures in the proximal phalanx depends on the fracture type, the degree of displacement and whether fracture reduction is stable or not. Internal fixation often leads to decreased mobility of the injured finger despite exact reduction of the fracture. Our treatment is focused upon function and to a lesser extent on exact reposition of the fractured fifth digit. Buddy taping was used after initial, closed reduction of the fracture allowing for immediate mobilisation.

MATERIAL AND METHODS

This was a prospective follow-up study of 53 consecutive conservatively managed base fractures in 53 patients with a mean age of 39 years. All fractures were treated with buddy taping to the fourth digit and immediate mobilisation.

RESULTS

The subjective outcome showed high overall satisfaction, and only four patients reported mild pain at rest or work. Malrotation was noted in three cases, none of which needed corrective surgery. All but one patient regained full flexion of the affected finger. Satisfactory extension was seen as only two patients had a lack of extension in both the metacarpo-phalangeal and the proximal interphalangeal joint. No nonunion or delayed unions occurred.

CONCLUSION

In the literature there is no consensus on the treatment of fractures in the base of the proximal phalanx in the fifth digit. We propose conservative management with buddy taping which enables immediate mobilisation of this particular fracture.

FUNDING: not relevant.

TRIAL REGISTRATION: no trial registration of this quality study was performed.

CORRESPONDENCE: Lars Vadstrup. E-mail: lars.soelberg.vadstrup.01@regionh.dk

CONFLICTS OF INTEREST: Disclosure forms provided by the authors are available with the full text of this article at www.danmedj.dk

REFERENCE: Dan Med J 2014;61(8):A4882

FROM: Section of Hand Surgery, Gentofte Hospital