Oral Meds Cut Hospital Stay For Kids With Appendicitis

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Children with advanced appendicitis who received oral instead of intravenous antibiotics had a shorter hospital stay and required fewer postoperative ultrasounds, researchers reported here.

Patients with advanced appendicitis had a significantly shorter initial length of stay (7.5 days versus 10.1 days, *P*=0.0001) and total length of stay (8.5 days versus 10.3 days, *P*=0.0007) when treated with oral versus intravenous antibiotics, according to Sara Fallon, MD [1], of Texas Children's Hospital in Houston, and colleagues.

Those who received oral antibiotics underwent fewer ultrasounds (30.6% versus 47.2%, *P*=0.04), Fallon said during a poster presentation at the meeting of the American Academy of Pediatrics [2].

Children's appendicitis can be treated laparoscopically [3]. Studies have also reported that uncomplicated appendicitis can be treated with antibiotics [4], but an acute case is better left to surgical treatment [5].

The authors conducted a retrospective review of 144 pediatric patients with advanced appendicitis (gangrenous or perforated) who were ready for discharge after being afebrile for more than 24 hours, tolerated their diet, were ambulatory, and had benign exam results.

They were receiving oral pain medication and their treatment management included continued hospitalization with intravenous antibiotics or discharge with or without oral antibiotics.

They predicted that patients who were clinically ready for discharge, but received continued therapy with intravenous antibiotics, had increased resource utilization without decreasing infectious complications, which was measured through intra-abdominal abscess formation, total hospital days, and use of ultrasound and CT scans.

Patients were well-matched for all covariates.

Of 424 total patients during the study period, 171 were kept on intravenous antibiotics, 110 were discharged with oral antibiotics, and 13 were discharged without antibiotics. Of those who received intravenous or oral antibiotics, 72 from each group were compared.

There was no difference between the two groups in readmission or intra-abdominal

abscess rates, and rates of CT scan were similar between groups.

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