

XI. Surgery Section.

1. ACUTE APPENDICITIS IN ELDERLY PATIENTS

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Introduction. Acute appendicitis (AA) is the most common abdominal surgical emergency. In the lifetime, about 8,6% of men and 6,7% of women will develop AA. Although AA is typical for young people, due to global increase in life expectancy, there is a higher incidence of the disease in the elderly. The literature review shows that the incidence of AA in the elderly is about 5-15%. AA also is associated with a higher rate of complications and mortality in the elderly because of accompanying comorbidities.

Aim of study. To reveal the particularities of clinical course and surgical treatment results of AA in the elderly patients.

Methods and materials. The clinical evolution and results of the surgical treatment were studied in 189 patients with AA treated in the surgery clinic IMSP SCM „Sfanta Treime” during 2019-2021. The patients were divided into 2 groups according to age: I. control (<65 years) and II. study (>65 years). The role of various factors (age, gender, time from symptoms onset to hospitalization, comorbidities etc.) was analysed as prognostic elements of the AA complicated forms evolution. The ASA risk score and the Charlson comorbidity index were assessed in all patients. Postoperative complications were analysed according to the Clavien-Dindo classification. Statistical processing was performed using the Fisher-Student with $P<0.05$ and 95% probability of certain prognosis.

Results. Out the total 189 patients, AA was developed in 14 patients >65 years with an incidence of 7,4%. According to age and sex, there was a predominance of women in group II (n=9; 64,3%) compared to group I (n=76; 43,4%). The ASA score was in direct correlation with age, in group I predominating ASA I (n=148; 84,6%), while in group II the ASA III (n=8; 57,1%) was prevalent. Similarly, the rate of patients with onset of symptoms >48 hours was correlated with age 23,4% (n=41) in group I and compared to 64,3% (n=9) in group II. The majority of patients in the control group didn't have comorbidities or had compensated comorbidities (Charlson Index 0-1), while in the study group could be observed the predominance of moderate and severe comorbidities (Charlson Index 3-4). Complicated AA (gangrenous, perforated, periappendicular absces, infiltrate etc.) was found more frequently in the elderly (71,4% vs 18,3%) compared to the young. Also, the rate of postoperative complications was significantly higher in the elderly (35,7%) than in the young (5,1%).

Conclusion. AA in elderly patients continues to be a difficult surgical problem. Elderly patients usually request late to the doctor, additionally having associated comorbidities and atypical clinical manifestations, which often causes complicated forms of AA and high postoperative morbidity.