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TRIESTE 17-18 OTTOBRE 2025

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CONGRESSO NAZIONALE
SICUT 2025



Articoli da ricordare nel **2024-2025**

BEST PAPERS IN CHIRURGIA D'URGENZA



MAURO PODDA

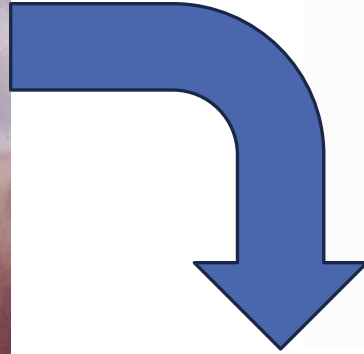
DIPARTIMENTO DI SCIENZE CHIRURGICHE

UNIVERSITÀ DEGLI STUDI DI CAGLIARI

COI DISCLOSURE

Nessun conflitto di interessi da dichiarare in merito a questa relazione

Tuttavia...



The NEW ENGLAND JOURNAL of MEDICINE

CLINICAL PRACTICE

Caren G. Solomon, M.D., M.P.H., Editor

Acute Appendicitis — Appendectomy or the “Antibiotics First” Strategy

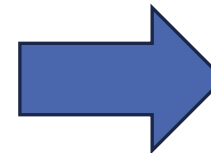
David R. Flum, M.D., M.P.H.

This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the author's clinical recommendations.



Cosa hai fatto in tutti questi anni Noodles?

Sono andato a letto presto.



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Appendicectomy in children with uncomplicated appendicitis

[Chiara Gerardi](#) ^a · [Marco Ceresoli](#) ^b · [Mauro Podda](#) ^c

[Affiliations & Notes](#) [▼] [Article Info](#) [▼] [Linked Articles \(2\)](#) [▼]

Appendectomy versus conservative treatment with antibiotics for patients with uncomplicated acute appendicitis: a propensity score–matched analysis of patient–centered outcomes (the ACTUAA prospective multicenter trial)

Original Article | Published: 17 January 2021

Volume 36, pages 589–598, (2021) [Cite this article](#)

[Mauro Podda](#) [✉], [Gaetano Poillucci](#), [Daniela Pacella](#), [Lorenzo Mortola](#), [Alfonso Canfora](#), [Simona Aresu](#), [Marcello Pisano](#), [Enrico Erdas](#), [Adolfo Pisanu](#), [Nicola Cillara](#) & [The ACTUAA Study Collaborative Working Group](#)



Endoscopic retrograde appendicitis therapy or antibiotics for uncomplicated appendicitis ^{FREE}

[Deliang Li](#), [Baohong Yang](#), [Juan Liao](#), [Yingchao Li](#), [Dan Liu](#), [Lixia Zhao](#), [Xianmei Meng](#), [Haiqing Hu](#), [Lingjian Kong](#), [Mauro Podda](#) ... [Show more](#)

[Author Notes](#)

JOURNAL ARTICLE

Global attitudes in the management of acute appendicitis during COVID-19 pandemic: ACIE Appy Study ^{FREE}

[B Ielpo](#) [✉], [M Podda](#), [G Pellino](#), [F Pata](#), [R Caruso](#), [G Gravante](#), [S Di Saverio](#), [ACIE Appy Study Collaborative](#)

International Journal of Colorectal Disease (2025) 40:28
<https://doi.org/10.1007/s00384-024-04793-7>

REVIEW

Acute appendicitis and its treatment: a historical overview

[Lucio Selvaggi](#) ¹ · [Francesco Pata](#) ² · [Gianluca Pellino](#) ^{1,3} · [Mauro Podda](#) ⁴ · [Salomone Di Saverio](#) ⁵ · [Giuseppe Massimiliano De Luca](#) ⁶ · [Pasquale Sperlongano](#) ¹ · [Francesco Selvaggi](#) ¹ · [Bruno Nardo](#) ²

Surgical Endoscopy (2023) 37:9617–9632
<https://doi.org/10.1007/s00464-023-10449-4>

2023 EAES ORAL

Acute appendicitis: A controlled Delphi method

[Saskya MD](#); [Nahmias, Jeffry MD](#); [London MD, MBA, FACS](#); [Davidson MD, MBA, FACS](#); [Fischkoff, Katherine MD, MF](#); [Panu MD](#); [Podda, Mauro MD, F](#) (Hon); [Sammalkorpi, Henna MD](#)

The burden of the knowledge-to-action gap in acute appendicitis

[Stefano Piero Bernardo Cioffi](#) ^{1,2} · [Michele Altomare](#) ^{1,2} · [Mauro Podda](#) ³ · [Andrea Spota](#) ² · [Stefano Granieri](#) ⁴ · [Elisa Reitano](#) ^{5,6} · [Beatrice Zamburlini](#) ^{2,10} · [Francesco Virdis](#) ² · [Roberto Bini](#) ² · [Shailvi Gupta](#) ⁷ · [Guido Torzilli](#) ⁸ · [Andrea Mingoli](#) ¹ · [Osvaldo Chiara](#) ^{2,9} · [Stefania Cimbanassi](#) ^{2,9} · [The RESiDENT-1 research group](#)

SURGERY

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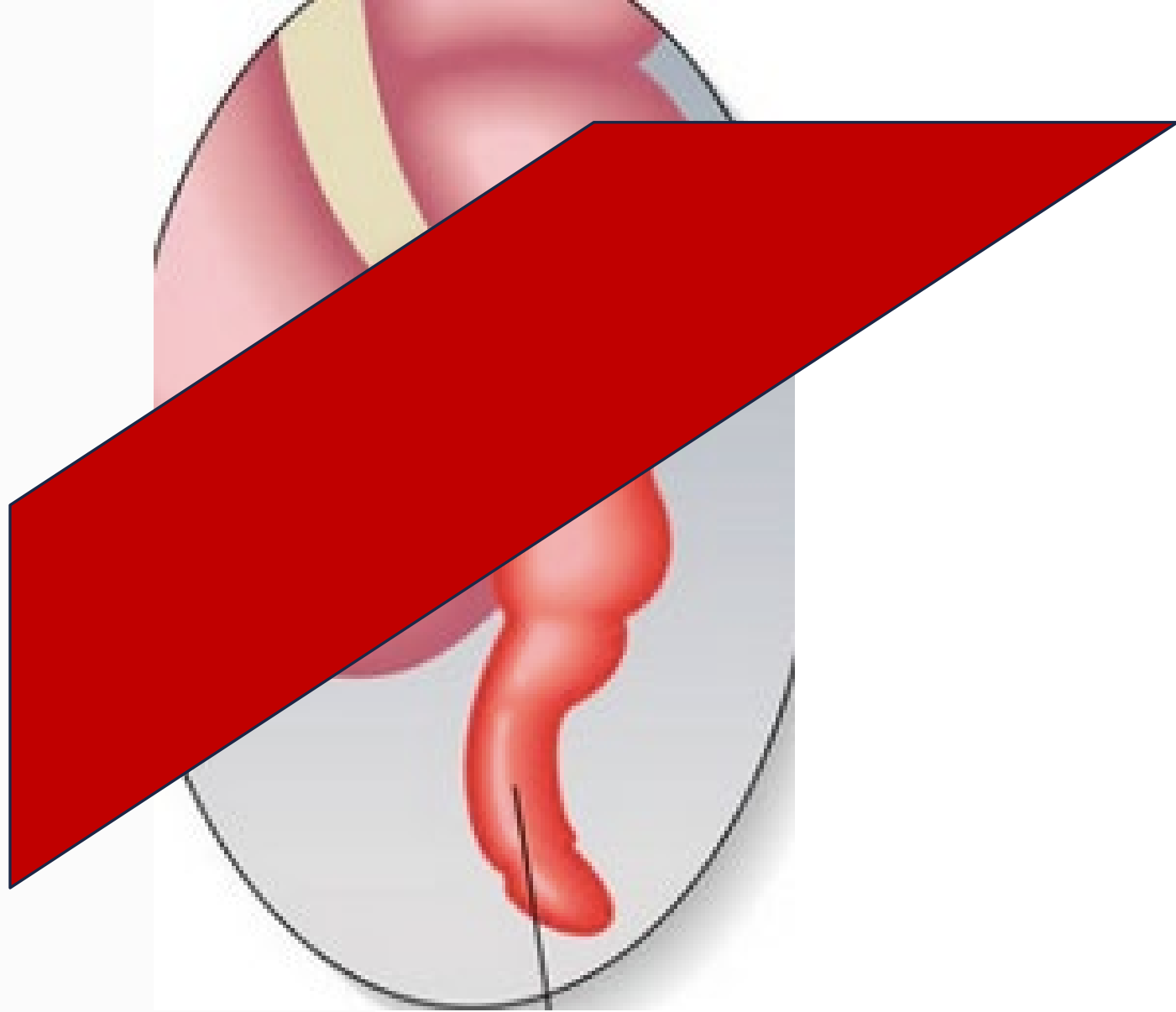
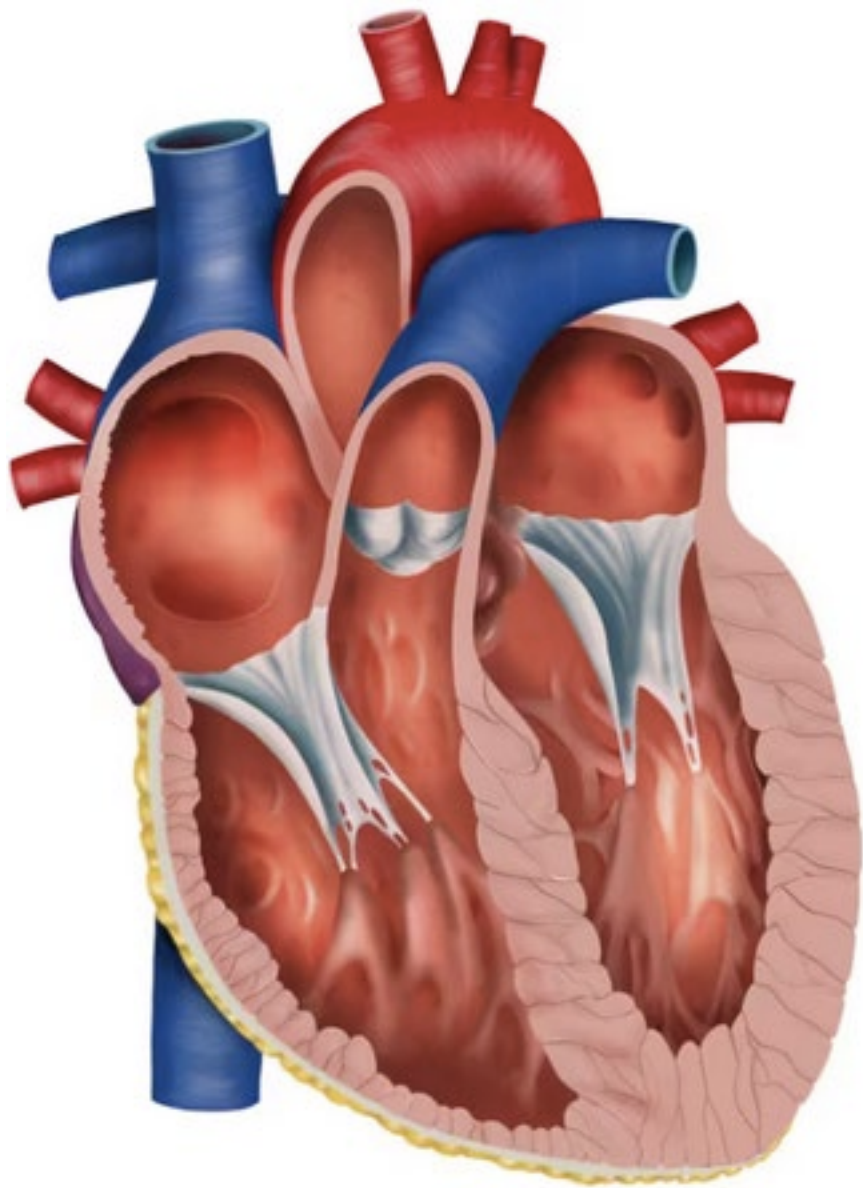
APPENDIX · Volume 174, Issue 6, P1292-1301, December 2023 · [Open Access](#)

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Endoscopic retrograde appendicitis therapy versus appendectomy or antibiotics in the modern approach to uncomplicated acute appendicitis: A systematic review and meta-analysis

[Francesco Pata](#) ^{a,b} · [Bruno Nardo](#) ^{a,b} · [Benedetto Ielpo](#) ^c · [Marcello Di Martino](#) ^d · [Valentina Murzi](#) ^e · [Salomone Di Saverio](#) ^f · [Baohong Yang](#) ^g · [Monica Ortenzi](#) ^h · [Adolfo Pisanu](#) ^e · [Gianluca Pellino](#) ^{i,j} · [Mauro Podda](#) ^g [✉] [✉] [Show less](#)





Fenton (eroe nazionale britannico)

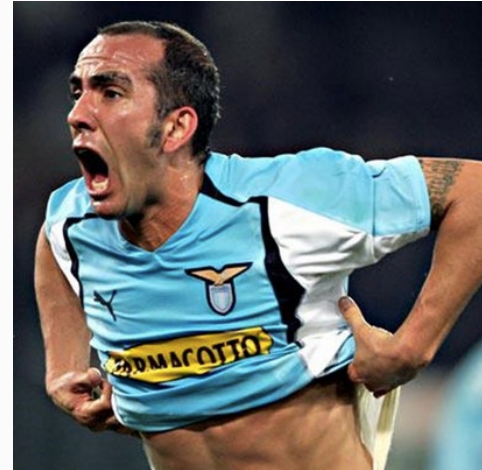


ChatGPT 5 ▾

se dovessi scegliere i due più importanti articoli scientifici pubblicati nel campo della chirurgia d'urgenza e del trauma negli ultimi anni, quali sceglieresti?

È ovviamente una scelta difficile — molto dipende dall'area specifica (toracica, addominale, trauma cerebrale, ecc.), dal setting (pronto soccorso, pre-ospedaliero, sala operatoria) — ma se dovessi indicare **due articoli/gli studi recenti** che nel complesso mi paiono tra i più importanti per chirurgia d'urgenza e trauma negli ultimi anni, sceglierei:







perfetto — qui trovi una short-list (selezione ragionata) di articoli/ciTrials pubblicati su NEJM e Lancet che, a mio avviso, hanno segnato la pratica in chirurgia d'urgenza e trauma negli ultimi anni. Per ciascuno: anno, messaggio chiave e perché conta.

1. **PATCH-Trauma (NEJM, 2023)** – TXA pre-ospedaliera nei traumi maggiori

- Nei sistemi trauma avanzati, TXA prehospital + infusione non ha migliorato l'outcome funzionale a 6 mesi vs placebo; benefici "duri" di sopravvivenza non uniformi → selezione pazienti e timing restano cruciali.

New England Jou... +2

2. **CODA (NEJM, 2020)** – Antibiotici vs appendicectomia nell'appendicite acuta non complicata

- Gli antibiotici sono **non-inferiori** all'intervento a 90 giorni per QoL; tuttavia ~30% operati entro 90 gg (più alto con appendicolite). Ha cambiato counseling e percorsi "non-op" in urgenza.

New England Jou... +2

3. **PAMPer (NEJM, 2018)** – Plasma pre-ospedaliero in trauma a rischio shock emorragico

- Trasfusione di plasma durante il trasporto aereo riduce la mortalità precoce, soprattutto di trasporto più lunghi → spinta ai protocolli di emostasi prehospital.

New England Jou... +3

4. **CRASH-3 (Lancet, 2019)** – TXA nel trauma cranico (TBI)

- TXA entro 3 ore riduce i decessi per TBI nei casi lievi-moderati; sicura nel TBI. Ha cons time-critical della TXA oltre il trauma extracranico.

The Lancet +2

5. **HALT-IT (Lancet, 2020)** – TXA nel sanguinamento GI acuto

- Niente riduzione della mortalità; ↑ eventi tromboembolici e convulsioni con dosi alte → ridimensionato l'uso routinario della TXA nelle emorragie GI in urgenza.

The Lancet +3

6. **REACT-2 (Lancet, 2016)** – TC total-body immediata nei traumi severi

- Nessun vantaggio di mortalità vs imaging selettivo; utile per organizzazione dei percorsi trauma e uso appropriato della TC. (Storicamente un "più" metodologico, ancora spesso citato nei PDTA).

The Lancet +3

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

NOVEMBER 12, 2020

VOL. 383 NO. 20

A Randomized Trial Comparing Antibiotics with Appendectomy for Appendicitis

The CODA Collaborative*

- 1. STOP-IT — *Trial of Short-Course Antimicrobial Therapy for Intra-abdominal Infection* (NEJM, 2015)**
Cosa cambia: dopo adeguato source control, un regime fisso di ~4 giorni di antibiotici è non inferiore a terapie più lunghe (~8 giorni) per fallimento clinico/recidiva. Ha reso lo "short course" lo standard post-source control. New England Jou... +3
- 2. PANTER — *A Step-up Approach vs Open Necrosectomy for Necrotizing Pancreatitis* (NEJM, 2010)**
Cosa cambia: strategia step-up (drenaggi percutanei ± necrosectomia mini-invasiva solo se necessario) riduce complicanze maggiori o morte rispetto alla necrosectomia "open". Ha inaugurato il paradigma "minimally invasive, delayed, as needed". New England Jou... +2
- 3. POINTER — *Immediate vs Postponed Intervention for Infected Necrotizing Pancreatitis* (NEJM, 2021)**
Cosa cambia: il drenaggio immediato non è superiore al drenaggio posticipato; la strategia "wait-for-wall-off + step-up" comporta meno interventi senza peggiorare gli esiti. Rafforza l'approccio differito nelle necrosi pancreatiche infette. New England Jou... +2
- 4. LADIES – DIVA — *Hartmann's Procedure vs Primary Anastomosis for Perforated Diverticulitis (Hinchey III–IV)* (The Lancet Gastroenterology & Hepatology, 2019)**
Cosa cambia: nei pazienti stabili e immunocompetenti, anastomosi primaria (con/ senza ileostomia di protezione) offre maggiore sopravvivenza senza stomia a 12 mesi rispetto a Hartmann, con esiti peri-operatori simili. Ha spostato l'ago verso la ricostruzione primaria quando fattibile. The Lancet +2
- 5. LADIES – LOLA — *Laparoscopic Peritoneal Lavage vs Sigmoidectomy for Purulent Perforated Diverticulitis* (The Lancet, 2015)**
Cosa cambia: il lavaggio laparoscopico non è risultato superiore alla resezione e si associa a più re-interventi/ ascessi rispetto alla chirurgia resettiva; l'indicazione al LPL è oggi selettiva. PubMed +1

STOP-IT trial 2015

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Trial of Short-Course Antimicrobial Therapy for Intraabdominal Infection

R.G. Sawyer, J.A. Claridge, A.B. Nathens, O.D. Rotstein, T.M. Duane, H.L. Eva C.H. Cook, P.J. O'Neill, J.E. Mazuski, R. Askari, M.A. Wilson, L.M. Napolitano, N. Namias, P.R. Miller, E.P. Dellinger, C.M. Watson, R. Coimbra, D.L. Dent S.F. Lowry,* C.S. Cocanour, M.A. West, K.L. Banton, W.G. Cheadle, P.A. Lipsett, C.A. Guidry, and K. Popovsky, for the STOP-IT Trial Investigators

Articles

LADIES-DIVA 2019



Hartmann's procedure versus sigmoidectomy with primary anastomosis for perforated diverticulitis with purulent or faecal peritonitis (LADIES): a multicentre, parallel-group, randomised, open-label, superiority trial

Daniel P V Lambrichts, Sandra Vennix, Gijbert D Musters, Irene M Mulder, Hilko A Swank, Anton G M Hoofwijk, Eric H J Belgers, Hein B A C Stockmann, Quirijn A J Eijssbouts, Michael F Gerhards, Bart A van Wageningen, Anna A W van Geloven, Rogier M P H Crolla, Simon W Nienhuys, Marc J P M Govaert, Salomone di Saverio, Andrie J L D'Hooze, Esther C J Consten, Wilhelmina M U van Grevenstein, Robert E G J M Pienk, Philip M Kroes, Joost A B van der Hoeven, Willem H Steup, Fausto Catena, Joop L M Konsten, Jefrey Vermeulen, Susan van Dieren, Willem A Bemelman, Johan F Lange, on behalf of the LADIES trial collaborators*

PANTER 2010

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

A Step-up Approach or Open Necrosectomy for Necrotizing Pancreatitis

Hjalmar C. van Santvoort, M.D., Marc G. Besselink, M.D., Ph.D., Olaf J. Bakker, M.D., H. Sijbrand Hofker, M.D., Marja A. Boermeester, M.D., Ph.D., Cornelis H. Dejong, M.D., Ph.D., Harry van Goor, M.D., Ph.D., Alexander F. Schaapherder, M.D., Ph.D., Thomas L. Bollen, M.D., Bert van Vincent B. Nieuwenhuijs, M.D., Ph.D. Johan S. Laméris, M.D., Ph.D., Philip M. Kruij Erwin van der Harst, M.D., Ph.D., George Tom Karsten, M.D., Ph.D., Eric Cornelis J. van Laarhoven, M.D., Ph.D. Koop Bosscha, M.D., Ph.D., Ral Alexander P. Houdijk, M.D., Ph.D., Ma Erik Buskens, M.D., Ph.D., and He for the Dutch Pancreati

LADIES-LOLA 2015



Laparoscopic peritoneal lavage or sigmoidectomy for perforated diverticulitis with purulent peritonitis: a multicentre, parallel-group, randomised, open-label trial

Sandra Vennix, Gijbert D Musters, Irene M Mulder, Hilko A Swank, Esther C Consten, Eric H Belgers, Anna A van Geloven, Michael F Gerhards, Marc J Govaert, Wilhelmina M van Grevenstein, Anton G Hoofwijk, Philip M Kruij, Simon W Nienhuys, Marja A Boermeester, Jefrey Vermeulen, Susan van Dieren, Johan F Lange, Willem A Bemelman, on behalf of the Ladies trial collaborators*

POINTER 2021

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Immediate versus Postponed Intervention for Infected Necrotizing Pancreatitis

L. Boxhoorn, S.M. van Dijk, J. van Grinsven, R.C. Verdonk, M.A. Boermeester, T.L. Bollen, S.A.W. Bouwense, M.J. Bruno, V.C. Cappendijk, C.H.C. Dejong, P. van Duijvendijk, C.H.J. van Eijck, P. Fockens, M.F.G. Francken, H. van Goor, M. Hadithi, N.D.L. Hallensleben, J.W. Haveman, M.A.J.M. Jacobs, J.M. Jansen, M.P.M. Kop, K.P. van Lienden, E.R. Manusama, J.S.D. Mieog, I.Q. Molenaar, V.B. Nieuwenhuijs, A.C. Poen, J.-W. Poley, M. van de Poll, R. Quispel, T.E.H. Römkens, M.P. Schwartz, T.C. Seerden, M.W.J. Stommel, J.W.A. Straathof, H.C. Timmerhuis, N.G. Venneman, R.P. Voermans, W. van de Vrie, B.J. Witteman, M.G.W. Dijkgraaf, H.C. van Santvoort, and M.G. Besselink, for the Dutch Pancreatitis Study Group*

qualcosa sulla colecistite?

Non ho trovato articoli molto recenti su *NEJM* o *Lancet* che siano RCT o trial di grande impatto esclusivamente su colecistite acuta (verso la data attuale) — sembra esserci ancora un gap. Però ci sono alcune review, linee guida e studi osservazionali importanti che sintetizzano le evidenze, utili per orientare le decisioni cliniche. Ecco cosa ho raccolto + qualche area dove servirebbero più studi:

e sulla diverticolite?

Ho cercato articoli recenti (2024–2025) su *NEJM* / *Lancet* specifici su diverticolite, ma non ho individuato trial di grande impatto su quelle riviste in quel lasso di tempo. Però ho trovato alcune cose interessanti (linee guida, studi in corso) che meritano attenzione:

perfetto — ecco una selezione 2024–2025 (fuori da *NEJM*/*Lancet*) con i lavori più solidi/"practice-shaping" sulla diverticolite. Metto in cima l'RCT con follow-up più recente.

1) LASER trial – resezione elettiva vs trattamento conservativo (follow-up a 4 anni) — *JAMA Surgery*, 2025

- **Che dice:** nei pazienti con diverticolite ricorrente/complicata o dolore persistente, la **resezione elettiva** previene efficacemente le **recidive** senza aumentare le complicanze gravi; la **QoL a 4 anni** non è superiore rispetto al conservativo in ITT, anche per via dei crossover (un terzo dei conservativi finisce operato).
- **Implicazione:** operare **presto** chi parte con **QoL bassa**; per chi ha QoL quasi normale, **opzione conservativa** accettabile con chirurgia "on demand". JAMA Network
(per completezza: l'analisi pre-specificata a 2 anni mostrava miglioramento QoL e meno recidive con la chirurgia). JAMA Network

Research

JAMA Surgery | Original Investigation

Sigmoid Resection vs Conservative Treatment After Diverticulitis Prespecified 4-Year Analysis of the LASER Randomized Clinical Trial

Alexandre Santos, MD; Panu Mentula, MD, PhD; Tarja Pinta, MD, PhD; Shamel Ismail, MD, PhD; Tero Rautio, MD, PhD; Risto Juusela, MD; Aleksi Lähdesmäki, MD, PhD; Tom Scheinin, MD, PhD; Ville Sallinen, MD, PhD

3 or more episodes of left colon diverticulitis within a 2-year period with at least 1 episode verified using computed tomography (CT)

1 or more episodes of complicated left colonic diverticulitis treated conservatively

prolonged pain or disturbance in bowel habits over 3 months after an episode of CT-verified acute left colonic diverticulitis.

RESULTS Of 90 enrolled patients (28 male [31%] with mean [SD] age of 54.11 [11.9] years; 62 female [69%] with mean [SD] age of 57.13 [7.6] years), 45 were randomized to elective sigmoid resection and 45 to conservative treatment. Among those randomized to conservative treatment, 14 of 44 (32%) underwent sigmoid resection within 4 years (patients with lower QOL on average). The mean (SD) GIQLI score was 115.3 (17.8) in the surgery group vs 109.8 (19.8) in the conservative treatment group (mean difference, 5.54 [95% CI, −2.98 to 14.06]) at 4 years. Recurrence of diverticulitis occurred in 6 of 38 patients (16%) (4 [10%] after surgery) in the surgery group vs 34 of 37 patients (92%) in the conservative treatment group. Severe postoperative complications occurred in 4 patients (10%) in the surgery group vs 5 patients (11%) in the conservative treatment group.





HAMLET IN THE PRESENCE OF HIS FATHER'S GHOST.

*Exit, Hamlet, O Exit—
If thou didst ever thy dear father love,—*

e invece ci sono trials randomizzati sull'appendicite acuta apparsi sulle maggiori riviste scientifiche (NEJM, Lancet, BJS, JAMA Surgery) negli ultimi 2 anni?

Sì — ho trovato almeno un paio di **trial randomizzati recenti** interessanti sull'appendicite (uno pubblicato negli ultimi 2 anni) o in corso, e alcuni studi di supporto. Eccoli con i punti salienti:

- **Lancet (2025)** — *Appendicectomy vs antibiotics in children* (trial internazionale randomizzato): **antibiotici sono risultati inferiori all'appendicectomia a 12 mesi (failure 34% v 12%)**
- **JAMA Surgery (2025)** — *Pre-op antibiotics while awaiting surgery (non-inferiority): attesa senza antibiotici entro 24 h non inferiore all'attesa con antibiotici per rischio di perforazione* (trial randomizzato): **attesa senza antibiotici entro 24 h non inferiore all'attesa con antibiotici per rischio di perforazione**
- **JAMA Surgery (2024)** — *APPAC II, follow-up a 3 anni* (analisi predefinita di follow-up di RCT, non una nuova randomizzazione.) **vs schema EV→orale in appendicite non complicata, tassi di successo simili**
- **BJS** — negli ultimi 24 mesi non ho trovato un nuovo RCT primario sul trattamento iniziale; ci sono **analisi secondarie su dati di RCT (p.es. APPAC) e sintetiche.**

Appendicectomy versus antibiotics for acute uncomplicated appendicitis in children: an open-label, international, multicentre, randomised, non-inferiority trial



Shawn D St Peter, Janelle R Noel-MacDonnell, Nigel J Hall, Simon Eaton, Janne S Suominen, Tomas Wester, Jan F Svensson, Markus Almström, E Pete Muenks, Marianne Beaudin, Nelson Piché, Mary Brindle, Ali MacRobie, Richard Keijzer, Helene Engstrand Lilja, Ann-Marie Kassa, Tim Jancelewicz, Andreana Butter, Jacob Davidson, Erik Skarsgard, Yap Te-Lu, Shireen Nah, Andrew R Willan, Agostino Pierro

JAMA Surgery | Original Investigation

Role of Preoperative Antibiotic Treatment While Awaiting Appendectomy The PERFECT-Antibiotics Randomized Clinical Trial

Karolina Jalava, MD; Ville Sallinen, MD; Hanna Lampela, MD; Hanna Malmi, MD; Ingeborg Steinholt, MD; Knut Magne Augestad, MD; Ari Leppäniemi, MD; Panu Mentula, MD



Three-year follow-up of antibiotics versus placebo in adults with CT-confirmed uncomplicated acute appendicitis: a secondary analysis of the APPAC III randomized clinical trial

Sami Sula^{1,2}, Suvi Sippola^{1,2}, Jussi Haajanen^{1,2}, Saija Hurme³, Pia Nordström⁴, Tero Rautio⁵, Ville Sallinen⁶ and Paulina Salminen^{1,2,4}

BJS, 2025, znafo16
<https://doi.org/10.1093/bjs/znafo16>
Research Letter

Appendicectomy versus antibiotics for acute uncomplicated appendicitis in children: an open-label, international, multicentre, randomised, non-inferiority trial



Shawn D St Peter, Janelle R Noel-MacDonnell, Nigel J Hall, Simon Eaton, Janne S Suominen, Tomas Wester, Jan F Svensson, Markus Almström, E Pete Muenks, Marianne Beaudin, Nelson Piché, Mary Brindle, Ali MacRobie, Richard Keijzer, Helene Engstrand Lilja, Ann-Marie Kassa, Tim Jancelewicz, Andreea Butter, Jacob Davidson, Erik Skarsgard, Yap Te-Lu, Shireen Nah, Andrew R Willan, Agostino Pierro

FAILURES

Antibiotics: 34%
Appendectomy: 7%
(difference 26.7%, 90% CI 22.4–30.9)

Non-inferiority margin: 20%

TAKE-HOME MESSAGE

Antibiotics are not non-inferior to surgery for uncomplicated paediatric appendicitis. Surgery remains the standard of care, though selected patients may benefit from shared decision-making.

RESEARCH QUESTION

In children with acute uncomplicated appendicitis, amipiotics non-inferior to laparoscopic appendicectomy regarding failure within 12 months?

POPULATION



936 children (5–16 years)
acute uncomplicated appendicitis
11 hospitals in 5 countries

PRIMARY OUTCOME

Treatment failure within 1 year



Antibiotics
(up to 10 days)



Laparoscopic
appendicectomy

	Treatment failure, n (%)
Appendicectomy group (n=394)	
Normal pathology	27 (7%)
Complication requiring general anaesthetic within 1 year*	1 (<1%)
Antibiotic group (n=452)	
Failure of initial antibiotic treatment†	72 (16%)
Recurrence and subsequent appendicectomy	81 (18%)
Data are from the population with 12-month follow-up data. * Patient returned to hospital for laparoscopic evacuation of haematoma. †Appendicectomy was done if patient's clinical condition deteriorated on first day of treatment or did not improve enough after 2 days of antibiotic treatment.	
Table 2: Breakdown of primary outcomes	

Limitations

Appendicectomy versus antibiotics for acute uncomplicated appendicitis in children: an open-label, international, multicentre, randomised, non-inferiority trial



Shawn D St Peter, Janelle R Noel-MacDonnell, Nigel J Hall, Simon Eaton, Janne S Suominen, Tomas Wester, Jan F Svensson, Markus Almström, E Pete Muenks, Marianne Beaudin, Nelson Piché, Mary Brindle, Ali MacRobie, Richard Keijzer, Helene Engstrand Lilja, Ann-Marie Kassa, Tim Jancelewicz, Andreea Butter, Jacob Davidson, Erik Skarsgard, Yap Te-Lu, Shireen Nah, Andrew R Willan, Agostino Pierro

The diagnosis of non-perforated appendicitis was based on clinical assessment, with or without radiological imaging.

The definition of the primary outcome is questionable. The failure of non-operative management for uncomplicated acute appendicitis is generally defined as the need for appendicectomy during the index admission and/or within 30 days. A 1-year appendicectomy should instead be considered a recurrence rather than a treatment failure and, therefore, should be classified as a secondary outcome.

The assessment of quality of life, measured through patient-reported outcomes, could have been improved by using a standardised questionnaire that incorporates the perspectives of both children and their parents.



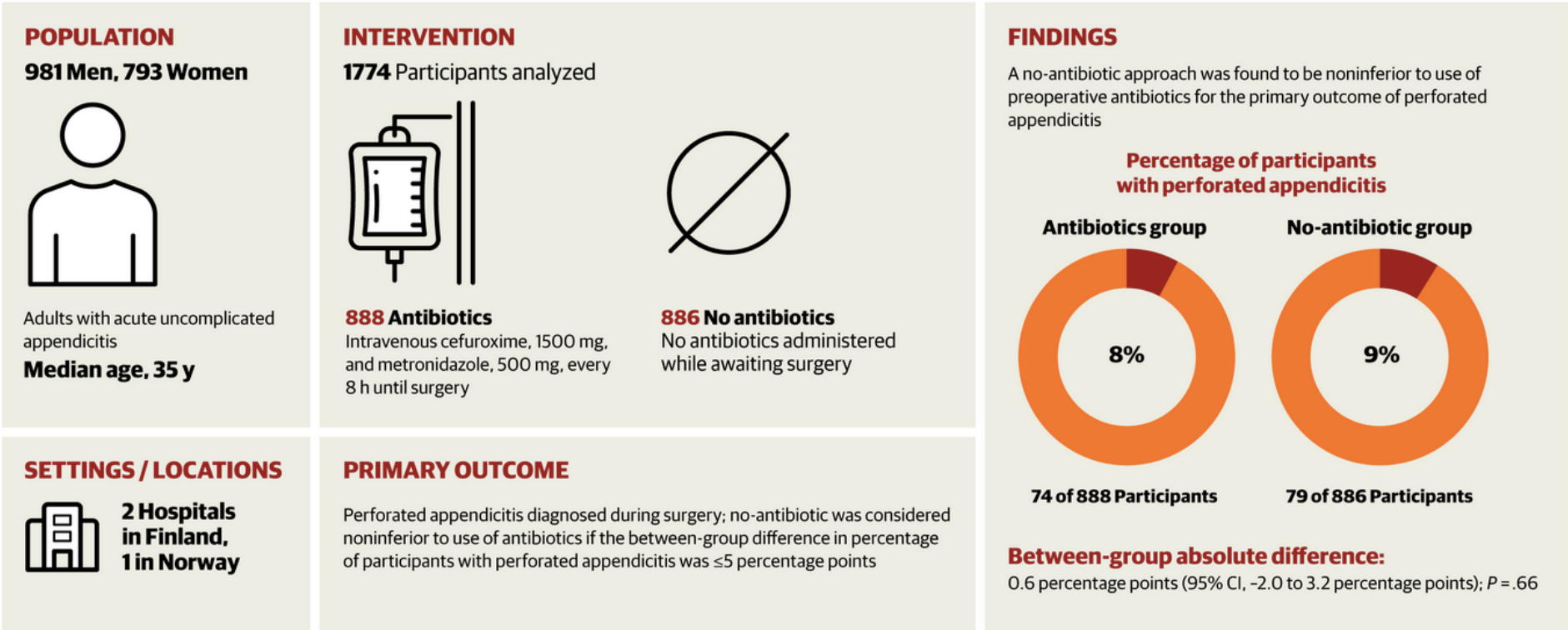
Role of Preoperative Antibiotic Treatment While Awaiting Appendectomy

The PERFECT-Antibiotics Randomized Clinical Trial

Karolina Jalava, MD; Ville Sallinen, MD; Hanna Lampela, MD; Hanna Malmi, MD; Ingeborg Steinholt, MD; Knut Magne Augestad, MD; Ari Leppäniemi, MD; Panu Mentula, MD

JAMA Surgery

RCT: Role of Preoperative Antibiotic Treatment While Awaiting Appendectomy





Article

The Natural History and Traditional Management of Appendicitis Revisited: Spontaneous Resolution and Predominance of Prehospital Perforations Imply That a Correct Diagnosis is More Important Than an Early Diagnosis

Roland E. Andersson PhD, MD 

First published: 08 December 2006 | <https://doi.org/10.1007/s00268-006-0056-y> | Citations: 260

Appendicite acuta non complicata e appendicite acuta complicata non sono un continuum, bensì due entità cliniche diverse

Instaurare una terapia antibiotica precoce non previene la perforazione

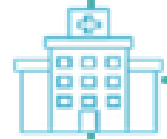
La perforazione avviene nel periodo pre-ospedalizzazione

Una diagnosi precisa (*complicated vs uncomplicated*) è più importante di una diagnosi veloce ma imprecisa





APPAC



APPAC IV – Oral antibiotic outpatient therapy vs. placebo

Double-blind randomized clinical multicenter noninferiority trial

- Can antibiotics be omitted for uncomplicated acute appendicitis?
- Can hospitalization be avoided - could patients be treated at home?



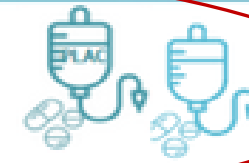
MAPPAC II

→ The effect of antibiotics on dysbiosis and antibiotic resistance

APPAC III – Double-blind pilot RCT oral antibiotics vs. placebo

→ Antibiotics not needed?

Publication: *British Journal of Surgery* 2022; 109(6):503-509



MAPPAC I

→ Microbiology of uncomplicated and complicated acute appendicitis
PLOS ONE 2022;
17(10):e0276007

APPAC II – Oral vs. intravenous followed by oral antibiotics

→ Oral antibiotics are sufficient

Publication: *JAMA* 2021; 325(4):353-362



APPAC – Appendectomy vs. antibiotics

→ Surgery not needed for the majority of patients

Publications: *JAMA* 2015; 313(23):2340-2348

5-year results: *JAMA* 2018; 320(12):1259-1265, 7-year quality of life: *JAMA Surgery* 2020; 155(4):283-289



Antibiotics versus placebo in adults with CT-confirmed uncomplicated acute appendicitis (APPAC III): randomized double-blind superiority trial

Paulina Salminen^{1,2,*} , Suvi Sippola^{1,2,3}, Jussi Haijanen^{1,2}, Pia Nordström^{4,5}, Tuomo Rantanen^{6,7}, Tero Rautio^{8,9}, Ville Sallinen¹⁰ , Eliisa Löyttyniemi¹¹, Saija Hurme¹¹, Ville Tammilehto¹², Johanna Laukkarinen^{4,5}, Heini Savolainen^{6,7}, Sanna Meriläinen^{8,9}, Ari Leppäniemi¹⁰ and Juha Grönroos^{1,2}

Three-year follow-up of antibiotics versus placebo in adults with CT-confirmed uncomplicated acute appendicitis: a secondary analysis of the APPAC III randomized clinical trial

Sami Sula^{1,2} , Suvi Sippola^{1,2}, Jussi Haijanen^{1,2}, Saija Hurme³, Pia Nordström⁴, Tero Rautio⁵, Ville Sallinen⁶ and Paulina Salminen^{1,2,*} 

SUCCESSO (no-appendectomy) A 10 GIORNI

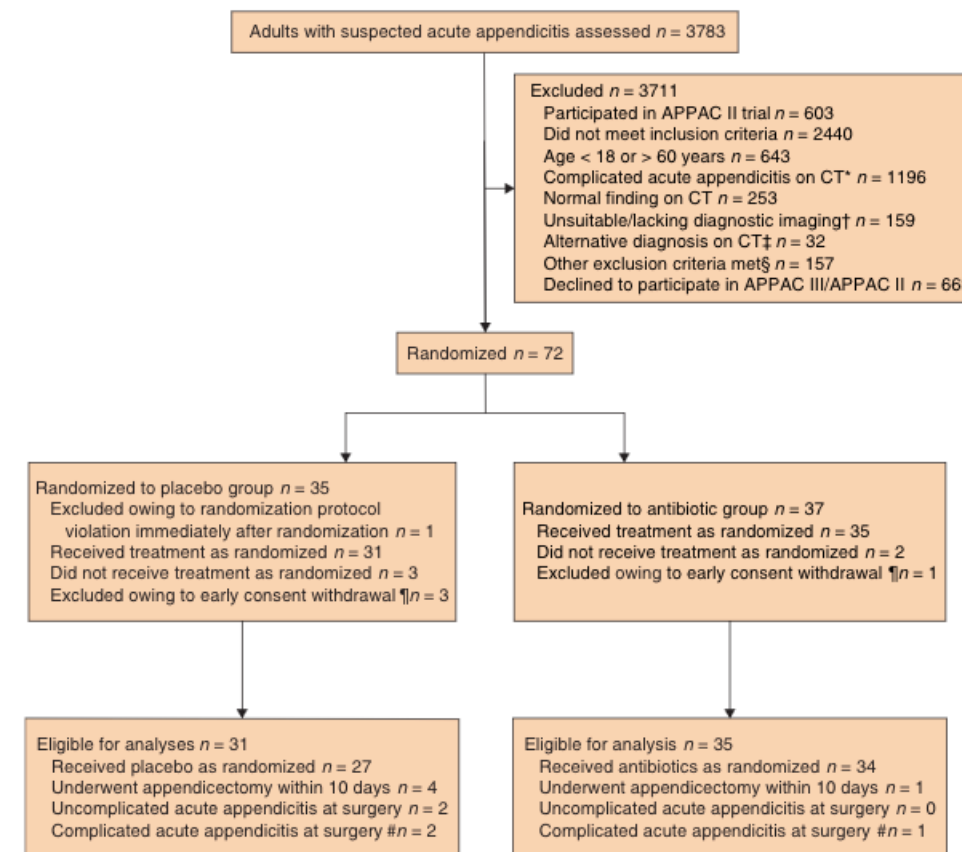
Placebo: 87% (96%CI 75-99)

Antibiotici: 97% (95%CI 92-100)

Limite di superiorità: 25%

TAKE-HOME MESSAGE

Antibiotics were not statistically superior to placebo in the treatment of uncomplicated acute appendicitis; the difference between groups in treatment success was 10 (90 per cent c.i. –0.9 to 21) per cent ($P=0.142$).

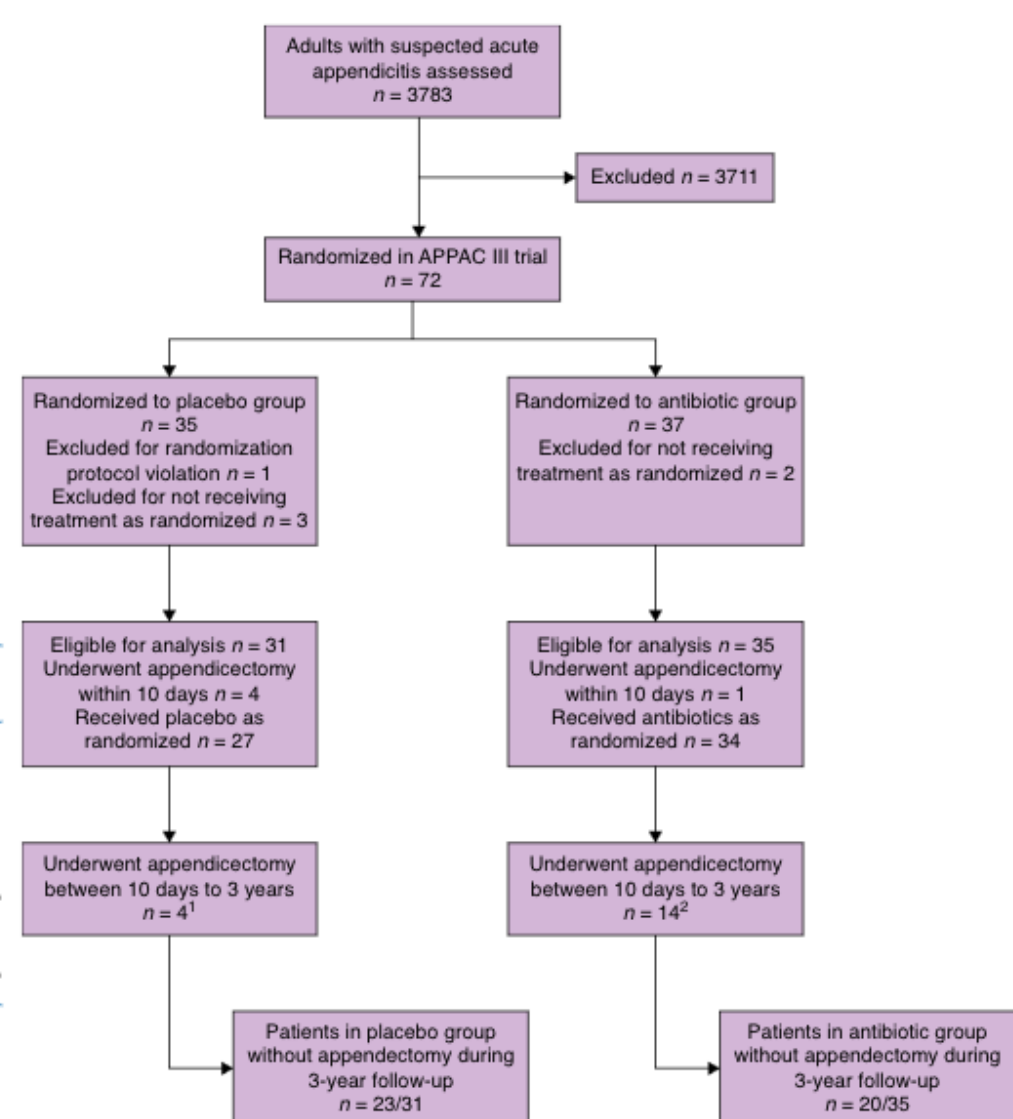


Three-year follow-up of antibiotics versus placebo in adults with CT-confirmed uncomplicated acute appendicitis: a secondary analysis of the APPAC III randomized clinical trial

Sami Sula^{1,2}, Suvi Sippola^{1,2}, Jussi Haijanen^{1,2}, Saija Hurme³, Pia Nordström⁴, Tero Rautio⁵, Ville Sallinen⁶ and Paulina Salminen^{1,2,4}

Table 1 Outcomes of patients at 3-year follow-up of intravenous followed by oral antibiotic therapy versus placebo for uncomplicated acute appendicitis

	Placebo group (n = 31)	Antibiotics group (n = 35)	Difference between groups (percentage points, 90% c.i.)	P
Appendectomy rate*				
10 days†	4 (12.9)	1 (2.8)	10 (−0.9 to 21)	0.142‡
30 days	4 (12.9)	1 (2.8)	10 (−0.9 to 21)	0.142‡
1 year	6 (19.4)	11 (31.4)	−12 (−30 to 5)–	0.920‡
3 years§	8 (25.8)	15 (42.9)	−17 (−36 to 2)	0.957‡
Appendicitis recurrence rate¶	4 (14.8)	13 (39.4)	−25 (−43 to −7)	0.993‡
Side effects of treatment#	1 (3.2)	8 (22.9)	–	0.030**
Median length of hospital stays at 3-year follow-up, hours (Q1, Q3)	56 (50, 71)	63 (52, 92)	–	0.166*
Median length of sick leave at 3-year follow-up, days (Q1, Q3)	6 (4, 11)	7 (4, 15)	–	0.504*
Abdominal symptoms††	5 (16.1)	13 (37.1)	–	0.095**



GLOBAL

A failure to address the problem of antibiotic resistance could result in:



10m
deaths
per year
by 2050

Costing
\$100
trillion
in economic output



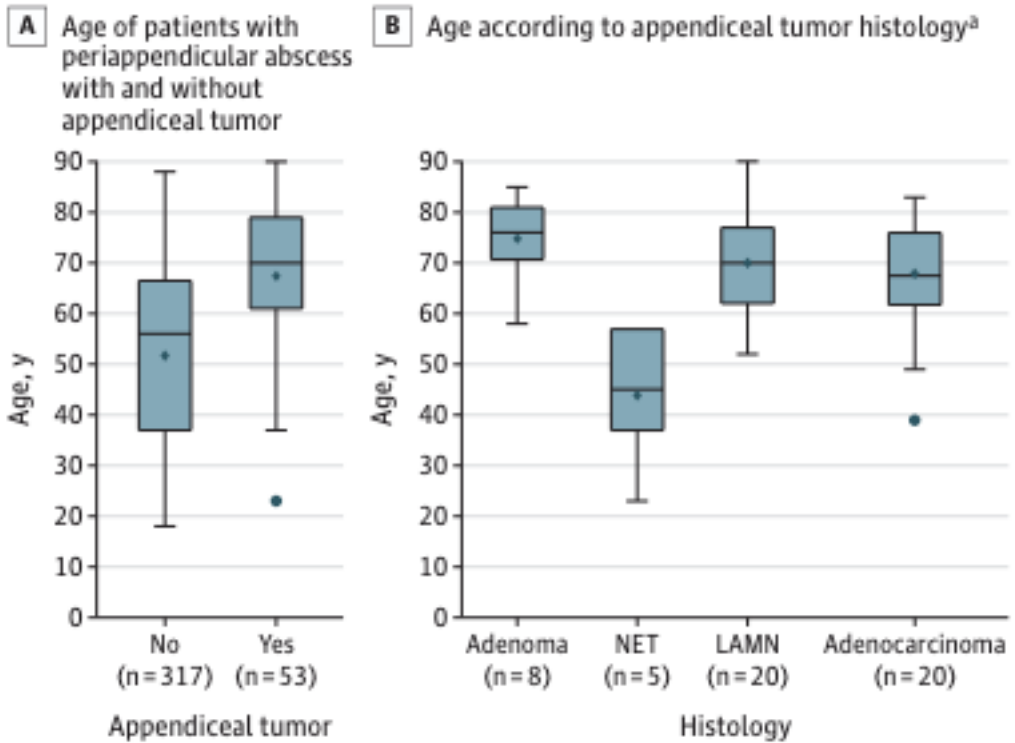
Appendiceal Tumor Prevalence in Patients With Periappendicular Abscess

Roosa Salminen, BM; Jenny Alajääski, MD; Tero Rautio, MD, PhD; Saija Hurme, MSc; Pia Nordström, MD, PhD; Elisa Mäkräinen, MD, PhD; Elina Lietzén, MD, PhD; Tarja Pinta, MD, PhD; Marie Grönroos-Korhonen, MD; Tuomo Rantanen, MD, PhD; Jan Andersén, MD; Anne Mattila, MD, PhD; Jyrki Kössi, MD, PhD; Antti Riikola, MD; Hannu Paajanen, MD, PhD; Markku Matikainen, MD, PhD; Vesa Pokela, MD; Paulina Salminen, MD, PhD



Cut-off 35 anni (AUC 0.75, 95%CI 0.68-0.82)

Figure 2. Effect of Patient Age on Appendiceal Tumor Prevalence and Appendiceal Tumor Histology



NUOVE SFIDE TRA **INNOVAZIONE** ED ETICA

TRIESTE 17-18 OTTOBRE 2025

Presidenti

Prof. Nicolò de Manzini

Dott. Alan Biloslavo



Grazie

CONGRESSO NAZIONALE
SICUT 2025

