

**Table 1.** The Alvarado score and the Pediatric Appendicitis Score.<sup>1,2</sup>

Clinical Variable	Alvarado Score	PAS
Migration of pain	1	1
Anorexia	1	1
Nausea or vomiting	1	1
Right lower quadrant tenderness	2	2
Rebound pain	1	
Elevated temperature*	1	1
Leukocytosis ( $\geq 10,000/\mu\text{L}$ )	2	1
Shift of WBC count to the left ( $\geq 75\%$ polymorphonucleocytes)	1	1
Cough/percussion/hopping cause pain in the RLQ		2
<b>Total</b>	10	10

PAS, Pediatric Appendicitis Score; WBC, white blood count; RLQ, right lower quadrant.

\*Fever generally defined as greater than or equal to  $37.3^\circ\text{C}$  ( $91.2^\circ\text{F}$ ) for the Alvarado score and greater than or equal to  $37.3^\circ\text{C}$  ( $99.2^\circ\text{F}$ ) or  $38.0^\circ\text{C}$  ( $100.4^\circ\text{F}$ ) for PAS.

... c'è una bella differenza tra Alvarado e PAS (tab. 1) :  
 PAS dà ben 2 punti ai sintomi “Cough/percussion/hopping cause pain in the RLQ”, sintomi che nella mia (ma credo di poter dire “nostra”) pratica clinica sono costantemente presenti in ogni forma di colite e che Alvarado non include ... (**Carmen**)

# Risoluzione dello Scenario

- Uno Score di Alvarado  $< 5$  e uno Score PAS  $< 4$  mi consentirebbero di escludere l'ipotesi diagnostica di Appendicite, sia per Prevalenze 5% che per prevalenze 10%
- Me lo consentirebbe anche uno Score PAS fra 4 e 7 ma non uno Score di Alvarado fra 5 e 8
- Se Hajar avesse uno Score di Alvarado  $> 9$  e uno Score PAS  $> 8$  non potrei mai confermare l'ipotesi diagnostica di Appendicite
- A livello ospedaliero è performante solo lo Score di Alvarado, sia per escludere che per confermare l'ipotesi

# What Are the Most Clinically Useful Cutoffs for the Alvarado and Pediatric Appendicitis Scores? A Systematic Review

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**Nello studio del pediatra di Famiglia sarebbe possibile consentire l'esclusione dell'ipotesi di malattia qualora:**

- **Score PAS < 4**
- **Score Alvarado < 5**

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Adults (Alvarado)	Points	LR	Pretest probability						
			20%	33%	40%	50%	60%	66%	75%
Low risk	< 4	0.03	0.7%	1.5%	2.0%	2.9%	4.3%	5.5%	8.3%
Low risk	< 5	0.02	0.5%	1.0%	1.3%	2.0%	2.9%	3.7%	5.7%
High risk	≥ 7	3.4	47%	63%	70%	78%	84%	87%	91%
High risk	≥ 9	6.7	63%	77%	82%	87%	91%	93%	95%
Children (Alvarado)	Points	LR	Pretest probability						
			20%	33%	40%	50%	60%	66%	75%
Low risk	< 4	0.02	0.5%	1.0%	1.3%	2.0%	2.9%	3.7%	5.7%
Low risk	< 5	0.04	1.0%	1.9%	2.6%	3.8%	5.7%	7.2%	11%
High risk	≥ 7	4.2	51%	67%	74%	81%	86%	89%	93%
High risk	≥ 9	8.5	68%	81%	85%	90%	93%	94%	96%
Children (PAS)	Points	LR	Pretest probability						
			20%	33%	40%	50%	60%	66%	75%
			3.1%	6.0%	8.0%	11.5%	16%	20%	28%
Low risk	< 4	0.13	67%	80%	84%	89%	92%	94%	96%
High risk	≥ 8	8.1							

**Figure 2.** Clinical application of optimal test and treatment thresholds for the Alvarado score in adults and children and the Pediatric Appendicitis Score in children. Green indicates probability of appendicitis below 3% and red a probability of 85% or higher. Bold columns indicates typical pretest probability of a final diagnosis of appendicitis for children (33%) and adults (66%) presenting with clinically suspected appendicitis from included studies. LR, Likelihood ratio.