The inter-examiner difference in diagnosis in acute abdominal pain and the role of decisional tools.

No registrations found.

Ethical review Positive opinion

Status Recruiting

Health condition type -

Study type Observational non invasive

Summary

ID

NL-OMON20188

Source

Nationaal Trial Register

Brief title

AAP-study

Health condition

Acute abdominal pain, acute buikpijn

Sponsors and support

Primary sponsor: Academic Medical Center, Amsterdam, the Netherlands

Source(s) of monetary or material Support: Academic Medical Center, Amsterdam, the

Netherlands

Intervention

Outcome measures

Primary outcome

1. Accuracy of diagnosis of the surgeon and surgical resident;

2. Accuracy of diagnosis before and after using decisional tools for appendicitis and diverticulitis.

Secondary outcome

- 1. Certainty of diagnosis before and after using decisional tools;
- 2. Diagnostic accuracy of the decisional tools;
- 3. Accuracy of diagnosis after using the standard imaging pathway;
- 4. Imaging resource utilisation.

Study description

Background summary

N/A

Study objective

A frequently heard argument is that residents tend to attribute a serious condition to too many patients. This results in an unnecessary burden for patients having additional work-up and invasive examinations. This argument is supported by data from a previous study performed in patients with acute abdominal pain. In this study residents examined patients with a good sensitivity for urgent diagnoses (88%). However, the amount of false positive diagnoses for urgent conditions was 27%. We hypothesize that surgeons have half the false positive rates (13.5%) of surgical residents.

Study design

The final reference diagnosis will be obtained after a three month follow-up period.

Intervention

N/A

Contacts

Public

Meibergdreef 9

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J.J.S. Kiewiet
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 5662771
Scientific
Meibergdreef 9
J.J.S. Kiewiet
Amsterdam 1105 AZ
The Netherlands
+31 (0)20 5662771

Eligibility criteria

Inclusion criteria

- 1. Abdominal pain with a duration of more then 2 hours and less then 5 days;
- 2. Willing and able to give written informed consent.

Exclusion criteria

- 1. Age < 18 years;
- 2. Pregnancy;
- 3. Abdominal pain due to blunt or penetrating trauma;
- 4. Hemorrhagic shock due toe gastrointestinal bleeding or ruptured aortic aneurysm.

Study design

Design

Study type: Observational non invasive

Intervention model: Parallel

Allocation: Non-randomized controlled trial

Masking: Open (masking not used)

Control: N/A, unknown

Recruitment

NL

Recruitment status: Recruiting
Start date (anticipated): 01-01-2010

Enrollment: 300

Type: Anticipated

Ethics review

Positive opinion

Date: 14-01-2011

Application type: First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

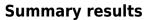
In other registers

Register IDNTR-new NL2565

NTR-old NTR2690

Other ABR / CCMO : 29165 / NL21965.018.09 ; ISRCTN ISRCTN wordt niet meer aangevraagd.

Study results



N/A