# 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

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# 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 | ID |
|---|---|
| NTR-new | NL2565 |
| NTR-old | NTR2690 |
| Other | ABR / CCMO : 29165 / NL21965.018.09 ; |
| ISRCTN | ISRCTN wordt niet meer aangevraagd. |

# Study results

**Summary results**
N/A