This meta-analysis of 4 RCTs compared the safety and efficacy of antibiotics with appendectomy for acute uncomplicated appendicitis. A total of 900 adult patients in these 4 studies were randomized to either appendectomy or 1 of 2 antibiotic regimens: oral amoxicillin plus clavulanic acid or IV cefotaxime plus metronidazole or tinidazole for at least 24 hours, followed by oral antibiotics for another 8 to 10 days.

The primary outcome was complications (wound infection, perforated appendicitis, and peritonitis). Antibiotic treatment was associated with a relative risk reduction of complications by 31% compared with appendectomy (risk ratio 0.69; 95% CI 0.54–0.89). No statistical differences were seen among antibiotic regimens. No differences were seen in length of hospital stay (mean difference 0.34 days; 95% CI, –0.19 to 0.87; P = .20) or risk of complicated appendicitis (risk ratio 0.58; 95% CI, 0.18–1.90; P = .37). With antibiotics 58% (274 of 470 patients) were treated successfully (no failure of antibiotics or recurrence requiring an appendectomy), while with appendectomy 93% (398 of 430 patients) were treated successfully (no postoperative complication requiring readmission).

Bottom line: Based on this meta-analysis, antibiotic treatment is associated with fewer serious complications and no differences in length of hospital stay compared with appendectomy. Unfortunately, the low quality, limited number, and unclear outcome definitions of these studies calls into question the validity of these results.

Enoxaparin: a new vulvodynia treatment?

This double-blinded RCT compared the effectiveness of subcutaneous enoxaparin with saline injections in the treatment of severe provoked vulvodynia among 40 Israeli women ages 18 through 50. Participants self-administered their assigned treatment in the abdomen daily for 3 months. Vulvar pain was assessed at 3 months (immediately after therapy) and at 6 months. Women were also given questionnaires about their vulvodynia symptoms before and after treatment, and also had biopsies performed to examine tissue for mast cells and nerve fiber density.

Enoxaparin users experienced a greater reduction of pain during a clinical examination at 6 months (30% reduction in pain for enoxaparin vs 11% for placebo; P = .004). However, there were no statistically significant improvements in vulvodynia symptoms according to the questionnaires completed by patients. Three months after completing treatment, 7 women in the enoxaparin group reported almost pain-free intercourse compared with 3 women in the placebo group, but the statistical significance of this difference was not reported.

Bottom line: Enoxaparin has some promise as a treatment for provoked vulvodynia. While enoxaparin users experienced improvement in pain provoked during a physician examination, there was no significant improvement in the self-reported symptom.

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