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Likelihood of Burst Appendix Tied to Insurance

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The kind of insurance a patient has may increase the likelihood of a burst appendix, according to a new study. But the researchers were surprised to find, contrary to previous reports, that the race of the patient is not a factor.

According to background information in the article, the proper treatment for [appendicitis](#) is surgery, and the time to operation is the most significant predictor of a rupture. A perforated appendix can lead to longer stays in the hospital, increased health care costs and sometimes fatal infection.

The scientists, writing last month in *The Journal of the American College of Surgeons*, used state data from 2003 and 2004 in New York and included 26,637 appendicitis patients, of whom 7,969 had a ruptured appendix. There were no significant differences in the likelihood of perforation among whites, African-Americans, Hispanics and Asians.

But the kind of insurance — or lack of it — had a significant effect. Compared with patients who had private insurance coverage, those on [Medicare](#) were 14 percent more likely to have a burst appendix, people on [Medicaid](#) were 22 percent more likely, and those with no insurance at all were 18 percent more likely to have a rupture. The differences persisted even after controlling for age, sex, socioeconomic status, type of hospital and other factors.

“Because this is a retrospective study, we can only document that the disparities exist,” said Dr. Fredric M. Pieracci, the lead author and a surgical resident at the [Weill Cornell Medical Center](#) in New York. “We can’t explain them. But other studies have identified one of the main reasons is fear of financial repercussions. There can still be inadequate coverage with public insurance as opposed to private insurance.”

The finding on race was surprising because of data showing that minority patients use fewer health care services than others and are less often recommended for necessary medical procedures. Although the authors caution against generalizing their results to other geographic areas, they suggest that there may be a growing awareness in the medical community of racial inequalities in treatment, which has led to better care for minorities.