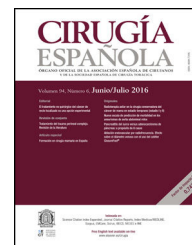




CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia



Letters to the Editor

Comment on “Evaluation of preoperative clinical and serological determinations in complicated acute appendicitis: A score for predicting complicated appendicitis”



Comentario sobre “Valoración de parámetros clínicos y analíticos preoperatorios en apendicitis aguda complicada. Score para predecir apendicitis complicada”

Dear Editor,

We were read this valuable article “Evaluation of preoperative clinical and serological determinations in complicated acute appendicitis: A score for predicting complicated appendicitis” by García-Amador et al.¹ with a great interest. Diagnostic methods based on basic blood parameters and clinical features without the need for advanced imaging methods are very important. This situation is especially important for physicians in rural areas. In this regard, this study will make a significant contribution to the literature. However, we believe that reviewing some points can make a significant contribution to the study.

Firstly, when the recent publications are examined, the negative appendectomy rate varies between 3 and 25%.^{2,3} This rate increases even more in pregnant patients.^{4,5} García-Amador et al. (8/292) showed this rate as 2.73%. This rate is far below the current literature. Patients whose appendix histopathology is evaluated as normal appendix, lymphoid hyperplasia, obliterative appendix should be considered as negative appendectomy.³ In the light of these data, patient groups should be re-evaluated in the article.

Secondly, the main emphasis of the study is on basic laboratory parameters. These parameters are affected by various diseases such as hematological diseases, malignant or inflammatory diseases, chronic diseases, allergic diseases, or receiving various drugs.⁶ It was understood that patients who have these diseases were not excluded from the study. This will lead to erroneous evaluations. The inclusion and exclusion criteria of the study should be well defined.

Thirdly, in many studies, especially the neutrophil-to-lymphocyte ratio (NLR) value was found to be higher than other

hemogram parameters in diagnosing acute appendicitis or determining its complication.^{5,7} Using this parameter can also give better results. On the other hand, although the mean platelet volume (MPV) value is not in the defined model, it has been examined in the article. We do not recommend using MPV value in the diagnosis of acute appendicitis or complicated appendicitis. Because MPV value in complicated appendicitis patients increased in some studies compared to the uncomplicated patient group,⁸ while in some studies, on the contrary, it was observed that this value decreased in patients with complicated appendicitis.⁶ This conflict has not yet been clarified. Therefore, it would be more accurate to use the NLR value instead of the MPV value. Again, including the cut-off values of laboratory values in Table 1 will provide important information in the differentiation of complicated and uncomplicated appendicitis.

Funding

No funding.

Conflict of interest

The authors declare no conflict of interest.

REFERENCES

1. García-Amador C, Arteaga Peralta V, de la Plaza Llamas R, Torralba M, Medina Velasco A, Ramia JM. Evaluation of

- preoperative clinical and serological determinations in complicated acute appendicitis: a score for predicting complicated appendicitis. *Cir Esp (Engl Ed)*. 2021;99:282-288.
2. Gelpke K, Hamminga JTH, van Bastelaar JJ, de Vos B, Bodegom ME, Heineman E, et al. Reducing the negative appendectomy rate with the laparoscopic appendicitis score; a multicenter prospective cohort and validation study. *Int J Surg*. 2020;79:257- .
 3. Dişçi E, Peksöz R, Kaşalı K, Bayar B. Diagnostic value of imaging methods in diagnosing acute appendicitis in comparison with leukocyte counts. *Ann Clin Anal Med*. 2021;12 Suppl. 4:S437- .
 4. Won RP, Friedlander S, Lee SL. Management and outcomes of appendectomy during pregnancy. *Am Surg*. 2017;83:1103- .
 5. Peksöz R, Dişçi E, Kaya A, Ağırman E, Korkut E, Aksungur N, et al. Significance of laboratory parameters in diagnosing acute appendicitis during pregnancy [published online ahead of print, 2021 Dec 29]. *ANZ J Surg*. 2021;10. 1111/ans.17443.
 6. Peksöz R, Bayar B. The role of complete blood count parameters in diagnosing acute appendicitis and measuring the severity of inflammation. *TJTES*. 2021;27(6):654-61.
 7. Hajibandeh S, Hajibandeh S, Hobbs N, Mansour M. Neutrophil-to-lymphocyte ratio predicts acute appendicitis and distinguishes between complicated and uncomplicated appendicitis: a systematic review and meta-analysis. *Am J Surg*. 2020;219:154-163.

8. Boshnak N, Boshnaq M, Elgohary H. Evaluation of platelet indices and red cell distribution width as new biomarkers for the diagnosis of acute appendicitis. *J Invest Surg*. 2018;31:121-9.

Rıfat Peksöz ^a, Adem Aslan ^b, Sabri Selçuk Atamanalp ^a

^aDepartment of General Surgery, Atatürk University Research Hospital, Erzurum, Turkey

^bDepartment of General Surgery, Ağrı İbrahim Çeçen University Faculty of Medicine – Ağrı Education and Research Hospital, Ağrı, Turkey

*Corresponding author.

E-mail address: rifat-peksöz@hotmail.com (R. Peksöz).

<https://doi.org/10.1016/j.ciresp.2022.01.018>
0009-739X/

© 2022 AEC. Published by Elsevier España, S.L.U. All rights reserved.

Réplica a «Comentario al artículo esfinteroplastia anatómica mediante reconstrucción combinada del esfínter anal interno y externo en el tratamiento quirúrgico de la incontinencia anal»



Reply to “Comment on anatomic sphincteroplasty with combined reconstruction of internal and external anal muscles in the anal incontinence surgical treatment”

Sr. Director:

Respuesta al comentario realizado por el Dr. Fernando de la Portilla.

En primer lugar, queremos agradecer el comentario realizado por el Dr. de la Portilla sobre nuestro artículo, que hemos leído con interés.

En nuestra experiencia, los resultados inmediatos de la esfinteroplastia clásica difícilmente conseguían un grado excelente de continencia, aunque ésta mejorase respecto de la preoperatoria, siendo excepcional su control fino, en particular de los gases. Ello, y el conocido hecho del deterioro funcional con el paso del tiempo, nos hizo reflexionar, al igual que a otros autores, sobre el modo de mejorarlos.

La reparación clásica reconstruye un canal anal muy corto, fundamentalmente en lesiones obstétricas. Nuestra modificación, aprendida de las disecciones anatómicas en el cadáver, pretende obtener una mayor longitud presiva con la reparación del esfínter anal interno, pero no es esta la única variación técnica. La disección en altura del espacio anovaginal y la plastia de inversión cutánea, gestos no incluidos en otras series, creemos que pueden ser decisivos en su incremento y en su precisión, como indica el comentarista.

La técnica, como muestra el artículo¹ no es especialmente compleja y la disección de ambos esfínteres puede efectuarse siempre por cirujanos con experiencia en coloproctología, tras un entrenamiento básico y atención al detalle.