Letter to the Editor

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Letters should be submitted in duplicate in double-spaced typing on plain white paper with name and address of sender(s) on the letter. Send letters to Talmadge A. Bowden, Jr., M.D., Editor, Department of Surgery, Medical College of Georgia, 1120 5th Street, BIW 440, Augusta, GA 30912.

Re: Is there a role for interval appendectomy in the management of acute appendicitis?

To the Editor.—

Drs. Friedell and Perez-Izquierdo pose the question: "Is there a role for interval appendectomy in the management of acute appendicitis?" (Am Surg 2000;66:1158–62). They claim to have provided an affirmative answer. Their study, however, merely lends support to a widely shared view that appendiceal masses respond to nonoperative treatment. Whether a subsequent elective interval appendectomy is an essential therapeutic adjunct after successful conservative management is still controversial. This five-case study cannot settle the question. The authors report from their review of the literature that about a third of patients will suffer a recurrent attack of acute appendicitis. There is no evidence that a higher morbidity is associated with emergent appendectomy in these patients. Why, then, subject the remaining two-thirds to an obligatory elective appendectomy? Provided that a tumor is ruled out in older patients by careful endoscopic or radiological follow-up, we, like others, believe that elective interval appendectomy is not required.

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REFERENCES
1. Saadia R, Lipschitz J. Appendiceal mass and abscess. In: Schein M, Wise L, eds., Controversies in Surgery, vol. 4. New York: Springer-Verlag, 2001, pp 149–54.

Author’s response:

Dr. Saadia apparently agrees with our initial nonoperative approach to “complicated” appendicitis. But he does question why we advocate an obligatory elective appendectomy. In an elderly patient with significant comorbidities in whom a tumor has been excluded we would agree that an interval appendectomy (IA) is not necessary. Intuitively, however, we would disagree with Dr. Saadia when he states that there is no higher morbidity associated with emergent appendectomy as compared with an IA. For a younger patient the morbidity of IA on a noninflamed appendix is minimal and provides both a certainty of diagnosis and a resolution to the problem. As Jarvinen commented, “even if appendicectomy may well be omitted in a carefully chosen case with a firm diagnosis, interval appendicectomy may still be the safest general rule until otherwise confirmed.”

M. L. Friedell
M. Perez-Izquierdo

REFERENCES
2. Eriksson S, Styrud J. Interval appendicectomy: A retrospective study. Eur J Surg 1998;164:771–4.

1. Jarvinen MJ. In: Discussion of Eriksson S, Styrud J. Interval appendicectomy: A retrospective study. Eur J Surg 1998;164:775.