



Letter to the Editor: Should appendicular masses be operated on?

Comment on: *Cunnigaiper et al. Does Ochsner-Sherren regimen still hold true in the management of appendicular mass? Ulus Travma Acil Cerrahi Derg 2010;16:43-6.*

To the Editor,

We have read with great interest the recent article of Cunnigaiper et al.^[1] This article raises a few points worthy of discussion.

The authors state that they aimed to investigate the feasibility of early appendectomy in patients with appendicular masses. What is more important is whether surgery was indicated in those patients. The feasibility of a procedure does not imply that it is indicated. To try to answer that question, the authors have compared it with formal appendectomy instead of conservative management. This implies that the methods do not fit the research question.

It is important to notice that the authors did not report the age of the patients or the duration of symptoms. Appendicular masses in children are different from those in adults because they can be operated on more easily, while appendicular masses of longer duration tend to form fibrous adhesions, making operating on them more difficult. Furthermore, the incidence of appendicular masses in the study was much higher than that reported in the literature, which raises the question about the definition of an appendicular mass, which was also not mentioned in the paper. For example, were early omental adhesions labeled as appendicular masses? The low percentage of infected wounds in the study raises concern that some complications may not have been reported in this retrospective study, especially when fever is defined as a complication, although it is possibly just a symptom of an intraperitoneal collection.

Interestingly, the authors clearly state in the introduction that Evidence-Based Medicine should be followed. Despite that, they did not report three recent randomized control trials showing that antibiotics can

be safely used as an alternative to open appendectomy, with a lower complication rate, although about 14% will recur within a year.^[2-4] Furthermore, they did not cite the only randomized control trial in appendicular masses, which has shown that conservative management alone is better than conservative management combined with early interval appendectomy.^[5] Looking to the available evidence, one tends to favor the conservative approach for treating appendicular masses. The authors report that postoperative complications were higher and hospital stay was longer in the appendicular mass group, which again supports the conservative approach.

Finally, the authors state in their conclusion that early appendectomy of appendicular masses is cost-effective, without any evidence to support that claim.

We think that randomized clinical trials on the management of appendicular masses are feasible, but require a collaborative and multicenter approach if safe practices have to be changed.

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References

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