

Re: If not appendicitis, then what else can it be? A retrospective review of 1492 appendectomies

To the Editor—In the recently published article by Ma et al,¹ the authors pointed out that preoperative imaging was not useful for reducing the negative appendectomy rate (NAR) and perforation rate. Nonetheless, in the article, there was a lack of information about the percentage utilising preoperative imaging, the indications for employing imaging, the timing and types of imaging. The time interval from admission to receiving imaging studies and from there to operation was also lacking. All these parameters contribute to the performance of preoperative studies and hence affect the NAR and perforation rate. A detailed exploration of the original data may help to clarify all the myths about the role of preoperative imaging for suspected appendicitis in our population.

I agree that no investigative tool is 'routine' and this is no different in the management of appendicitis. Nevertheless, appropriate utilisation of investigative tools, especially in higher-risk groups such as female patients of reproductive age and patients of extreme age, as shown in the study, may help to sharpen the diagnosis and therefore improve the outcomes.^{2,3} It is better to perform more radiological examinations than a non-therapeutic operation which may cause more trauma to patients and drain more limited public resources.

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References

1. Ma KW, Chia NH, Yeung HW, Cheung MT. If not appendicitis, then what else can it be? A retrospective review of 1492 appendectomies. *Hong Kong Med J* 2010;16:12-7.
2. Terasawa T, Blackmore CC, Bent S, Kohlwes RJ. Systematic review: computed tomography and ultrasonography to detect acute appendicitis in adults and adolescents. *Ann Intern Med* 2004;141:537-46.
3. Kim K, Rhee JE, Lee CC, et al. Impact of helical computed tomography in clinically evident appendicitis. *Emerg Med J* 2008;25:477-81.