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SURGICAL ENDOSCOPY
and Other Interventional Techniques

The author replies

We thank Geoghegan et al. for their comment. Their case is highly similar to ours and again highlights the need for systematic division of the appendix after double appendiceal ligatures. As did our patient, their patient underwent iterative procedures to treat postappendectomy residual abscess, and such complications and procedures would have been avoided if accurate management of the appendicolith-containing appendix had been performed. In our case, persistent pelvic abscess is likely to induce tubal infertility since the patient experienced chronic pelvis abscess and bilateral salpingitis.

Successful management of appendicolith-related abscess requires removal of the calculi. Geoghegan et al. recall that percutaneous removal of the retained appendicolith can be performed along with percutaneous drainage of the residual abscess. Such a mini-invasive procedure is in fact the method of choice but cannot be performed in all cases, depending on calculi accessibility.

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