Surgical Outcomes of Interval Laparoscopic Appendectomy for Appendiceal Abscess and Predictors of Conversion to Open Surgery

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Dear Editor,

I have been reading the article title “Surgical Outcomes of Interval Laparoscopic Appendectomy for Appendiceal Abscess and Predictors of Conversion to Open Surgery” in the Indian Journal of Surgery [1].

Acute appendicitis may be complicated by perforation and abscess formation in 2–14.2% of patients [2]. Early appendectomy is the gold standard in the treatment of acute appendicitis, but the optimal treatment for appendicitis complicated by perforation and abscess is still controversial [3]. Surgical treatment of complicated appendicitis can lead to increased complications such as operative injury, postoperative wound infection, and extended paralytic ileus. Non-operative treatment for appendicitis with phlegmon or abscess is known to be a reasonable first-line treatment [3]. With the advances in interventional radiology, there is an increasing trend in non-operative treatment of complicated appendix with CT-guided percutaneous drainage (transabdominal, transrectal, transgluteal, and transvaginal) in combination board-spectrum antibiotics [3–5]. Percutaneous abscess drainage has become a standard method with excellent success rates and less morbidity compared to appendectomy, especially in complicated appendices [5]. Fagenholz et al. also reported that CT-assisted drainage was applied to 82.7% of the patients with complicated appendicitis, and 80.6% of these patients underwent interval appendectomy [5].

In the “interval appendectomy” group in this study, did they not use CT-guided percutaneous drainage combination

board-spectrum antibiotics as a non-operative treatment strategy or excluded these patients from the study.

Best regards

References

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