



**Fig. 2 – Coronal and transversal thoracoabdominal scans with evidence of emphysematous cholecystitis, rarefaction of the adjacent fat, and significant wall emphysema.**

symptoms are not very evident. Although we have not currently found studies or data that specifically support this perception, it would be interesting analyze as it may be another factor that increases the delay in surgical treatment, and our being faced with increasingly complex clinical cases.

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## Response to «National survey on the treatment of acute appendicitis in Spain during the initial period of the COVID-19 pandemic»<sup>☆</sup>



## Respuesta a «Encuesta nacional sobre el tratamiento de la apendicitis aguda en España durante la fase inicial de la pandemia por COVID-19»

To the Editor:

We have read with interest the article by Prieto et al.<sup>1</sup> about the survey on the treatment of acute appendicitis during the

COVID-19 pandemic, to which we would like to add the experience of our hospital.

Our perception was that urgent surgical disease presented during this period in more advanced phases, which was attributed to the state of confinement and the fear of possible

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infection by going to a medical center<sup>1</sup>. To try to confirm our suspicion, we compared the time of evolution and intraoperative findings (among other data) of patients diagnosed with appendicitis from March 15 to June 20, 2020 with patients who were treated surgically during the same period in 2019.

The series included 94 patients, 44 operated on during the pandemic (group 1) and 50 in 2019 (group 2). Group 1 consisted of 28 men and 16 women, with a mean age of 37.18 years; and group 2, 30 men and 20 women, with a mean age of 37.88 years. The recommendations of the Spanish Association of Surgeons<sup>2</sup> were followed, including preoperative determination of possible COVID-19 infection by chest radiography, computed tomography (CT) and/or real-time polymerase chain reaction (RT-PCR). There were no pre- or postoperative positive cases. When we compared the cases during confinement with cases from the same period the year before, we found that, during confinement, 16 patients were treated surgically, while in 2019 the total was 31.

Regarding the days of clinical evolution, in group 1 the mean was 2 days ( $\pm 1.73$  days), and in group 2 it was 2.27 days ( $\pm 2.83$  days), with no statistically significant differences. In the intraoperative findings, we found that 16 cases (36.4%) in group 1 and 22 in group 2 (44%) were classified as phlegmonous, while 11 cases in group 1 (25%) and 15 in group 2 (30%) were purulent, finding no statistically significant differences between the two groups. As for gangrenous appendicitis, 17 were found in group 1 (38.6%) compared to 12 in group 2 (24%), although this was not statistically significant. In addition, we found that the laparoscopic approach was more frequent in group 1 (100 vs. 84%;  $P = .006$ ). It was also more common for the primary surgeon to be a resident in group 1 versus 2, which was statistically significant (81.82% vs. 58%;  $P = .013$ ).

In conclusion, we did not find differences in the time of evolution or in the severity of appendicitis during the pandemic. We attribute these results to the fact that the impact of the COVID-19 pandemic was lower in Murcia than in other regions, with a total of 1638 cases during lockdown<sup>3</sup>.

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