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Letters to the Editor

Comment on "Evaluation of preoperative clinical and serological determinations in complicated acute appendicitis: A score for predicting complicated appendicitis"

Comentario sobre "Valoración de parámetros clínicos y analíticos preoperatorios en apendicitis aguda complicada. Score para predecir apendicitis complicada"

Dear Editor,

We were read this valuable article ''Evaluation of preoperative clinical and serological determinations in complicated acute appendicitis: A score for predicting complicated appendicitis'' by García-Amador et al.[1] with a great interest. Diagnostic methods based on basic blood parameters and clinical features without the need for advanced imaging methods are very important. This situation is especially important for physicians in rural areas. In this regard, this study will make a significant contribution to the literature. However, we believe that reviewing some points can make a significant contribution to the study.

Firstly, when the recent publications are examined, the negative appendectomy rate varies between 3 and 25%.[2,3] This rate increases even more in pregnant patients.[4,5] García-Amador et al. (8/292) showed this rate as 2.73%. This rate is far below the current literature. Patients whose appendix histopathology is evaluated as normal appendix, lymphoid hyperplasia, obliterative appendix should be considered as negative appendectomy.[3] In the light of these data, patient groups should be re-evaluated in the article.

Secondly, the main emphasis of the study is on basic laboratory parameters. These parameters are affected by various diseases such as hematological diseases, malignant or inflammatory diseases, chronic diseases, allergic diseases, or receiving various drugs.[6] It was understood that patients who have these diseases were not excluded from the study. This will lead to erroneous evaluations. The inclusion and exclusion criteria of the study should be well defined.

Thirdly, in many studies, especially the neutrophil-to-lymphocyte ratio (NLR) value was found to be higher than other hemogram parameters in diagnosing acute appendicitis or determining its complication.[5,7] Using this parameter can also give better results. On the other hand, although the mean platelet volume (MPV) value is not in the defined model, it has been examined in the article. We do not recommend using MPV value in the diagnosis of acute appendicitis or complicated appendicitis. Because MPV value in complicated appendicitis patients increased in some studies compared to the uncomplicated patient group,[8] while in some studies, on the contrary, it was observed that this value decreased in patients with complicated appendicitis.[6] This conflict has not yet been clarified. Therefore, it would be more accurate to use the NLR value instead of the MPV value. Again, including the cut-off values of laboratory values in Table 1 will provide important information in the differentiation of complicated and uncomplicated appendicitis.

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Conflict of interest

The authors declare no conflict of interest.

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Rıfat Peksöz [a,*], Adem Aslan [b], Sabri Selçuk Atamanalp [a]

[a]*Department of General Surgery, Atatürk University Research Hospital, Erzurum, Turkey*
[b]*Department of General Surgery, Ağrı İbrahim Çeçen University Faculty of Medicine – Ağrı Education and Research Hospital, Ağrı, Turkey*

[*]*Corresponding author.*
E-mail address: rifat-peksoz@hotmail.com (R. Peksöz).

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Reply to "Comment on anatomic sphincteroplasty with combined reconstruction of internal and external anal muscles in the anal incontinence surgical treatment""☆

Réplica a «Comentario al artículo esfinteroplastia anatómica mediante reconstrucción combinada del esfínter anal interno y externo en el tratamiento quirúrgico de la incontinencia anal»

Dear Editor,

Response to the comment made by Dr. Fernando de la Portilla.

First of all, we would like to thank Dr. de la Portilla for his comment on our article, which we read with interest.

In our experience, the immediate outcomes of classic sphincteroplasty rarely achieved an excellent degree of continence, even if this improved compared to the preoperative one, its fine control, particularly of gases, was exceptional. This, the well-known fact of functional deterioration over time, led us, other authors to reflect on how to improve them.

The classic repair reconstructs a very short anal canal, mainly in obstetric injuries. Our modification, learned from anatomical dissections on the cadaver, aims to obtain a greater pressive length with the repair of the internal anal sphincter, but this is not the only technical variation. Dissection in height of the anovaginal space and skin inversion plasty, gestures not included in other series, we believe may be decisive in its increase and precision, as indicated by the commentator.

The technique, as the article[1] shows, is not particularly complex and dissection of both sphincters can always be performed by surgeons with experience in coloproctology, after basic training and attention to detail.

We also endorse the comments on the application to pure, isolated defects of the internal anal sphincter, where, in our

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