AUTHORS’ RESPONSE

Although the initial diagnosis of appendicitis remains a clinical one, laparoscopy has gone some way in aiding management of acute right iliac fossa pain. However, even this remains fallible with a number of normal looking appendices being proven histologically to be inflammed. The significance of this level of inflammation remains controversial,1,2 and indeed our study showed no harm to those few patients who had a normal looking appendix left in situ.

Striving for low negative appendicectomy rates should not be the driving force for leaving an appendix in situ. Although tradition had dictated that the appendix is always removed during an open operation, there is little to suggest that this should not be the case during laparoscopy. A conversion rate of 6.5%3 is high on the supposition that the appendix is fairly normal looking. This figure relates to all laparoscopic appendicectomies. In a center that is used to carry out the procedure, with surgeons experienced in laparoscopic surgery, the conversion rate for removal of a normal looking appendix should be negligible. Similarly, the complication rate quoted of 4.7% is inclusive of all laparoscopic appendicectomies.3 We are advocating the removal of a normal looking appendix during a procedure that has already been commenced with no other accountable pathology.

There remains little data on the morbidities associated specifically with the removal of a normal looking appendix. Literature suggesting higher specific complications—such as intra-abdominal abscess involves those patients with more complicated appendicitis.4 Laparoscopy remains an efficient method for diagnosing and treating right iliac fossa pain, however its sensitivity with regards to appendicitis is not 100%, and removal of a “normal” looking appendix should present little problem for the surgeon or patient.

REFERENCES