



Comment on long-term results of nonoperative treatment for uncomplicated acute appendicitis

To the Editor,

I have read the article by Kirkil et al. (1) with great interest. They reported that uncomplicated appendicitis can be managed by medical treatment with a rate of 10.2% recurrence. In their study they failed to achieve success only 2 patients (1.2%) in first 48 hour. Although the first treatment response to complicated acute appendicitis is nonoperative intervention, there is a growing body of research assessing the potential for nonoperative therapy to be extended to uncomplicated acute appendicitis (2,3).

Similarly, we designed a study in which 193 patients who accepted the medical treatment enrolled and the mean follow-up period was 12.3 (6-24) months. CRP values in prediction of failed medical treatment were analysed using Receiver Operating Characteristics (ROC) curve analysis. We found a rate of 9.3% recurrence and a rate of 13.5% failure in our study. ROC curve analysis suggested that the optimum CRP cut-off point for failed medical treatment was 80.8 mg/L with 81.82% sensitivity, 84.34% specificity (95% CI 0.795-0.937; $p < 0.001$). The manuscript will be published soon. As the medical treatment; ciprofloxacin 200mg/100mL twice a day and metronidazole 500mg three times a day IV were administered in our study.

This study and similar studies showed that medical therapy should be considered beginning treatment in uncomplicated acute appendicitis. Although the mean rate of patients resistant to the medical therapy is about 12% in the literature (2-4), there is only a rate of 1.2% failure in the study done by Kirkil et al. (1). This difference is remarkable.

Conflict of Interest: No conflict of interest declared by the authors.

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Author's Response

To the Editor,

I would like to thank to Serden Ay for his valuable comment on our manuscript. In summary, he has criticized that antibiotic failure rate of our study was significantly lower than in the literature. However, Liu et al have reported an systematic review on this issue (1). In this meta-analysis, they found that mean rate of antibiotic failure was $6.9 \pm 4.4\%$ (range between 0% and 11.8%).

The crossover rate (from antibiotic treatment group to appendectomy group) may be affected by proposals of patient's relatives or surgeons suggesting to appendectomy. Hansson et al reported that 47.5% of the pa-

tients who were assigned to the antibiotic treatment group did not complete the treatment because of patient preference or because operative treatment was deemed necessary by the surgeon (2). We need to show a lot of care to eliminate the patient selection bias created by high crossover rate.

Another topic is difference between antibiotic regimens in our and their studies. Although I have not believe that the diversity of antibiotic regimens can affect the failure rates so much, we have no prospective randomized evidence on this issue. Dr. Okuş declared that they found 13.5% failure rate in their study using ciprofloxacin plus metronidazole. On the other hand, Malik and Bari (3) reported that antibiotic failure rate was 5% by same treatment protocol with Okuş et al. (4).

As a result, I want to finalize this reply article with the words of Dr. Okuş: "This study and similar studies showed that medical therapy should be considered beginning treatment in uncomplicated acute appendicitis" (4).

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