

Boosting the findings of cellular indices and acute phase reactants as predictors of abscess after appendectomy

Impulsando los hallazgos de índices celulares y reactantes de fase aguda como predictores de absceso tras apendicectomía

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To the Editor,

I would like to congratulate you on the publication of the article by Moreno-Alfonso et al.¹ entitled “Cellular indices and acute-phase reactants as predictors of abscess after appendectomy,” which is undoubtedly relevant both to the management of the complications of appendicitis mentioned in the present case and to other surgical and nonsurgical conditions. This article reaffirms the importance of the complete blood count as the main initial paraclinical test, with very low cost and high benefit in the management of patients with appendicitis. As is well known, appendicitis has a high incidence in today’s world and is the leading cause of surgical emergency in both adults and children.² In the latter, it is even more relevant, since the approach is slowed down because the clinical history is mainly obtained indirectly and because clinical SIGNS may be masked. This leads to the presentation of complications such as perforation or abscess, before and after surgical intervention, as mentioned in the publication.

The literature had previously addressed the importance of acute-phase reactants as predictors of complications in different diseases; however, one of the highlights of the article is the comparison with three parameters that are emerging today, namely the neutrophil-to-lymphocyte ratio, the platelet-to-lymphocyte

ratio, and the direct bilirubin-to-lymphocyte ratio. The neutrophil-to-lymphocyte ratio had already demonstrated its usefulness in differentiating complicated from uncomplicated appendicitis.³ This contribution by the authors will undoubtedly promote the development of new studies to enrich the evidence currently available on these markers. To support this, we would like to make a couple of comments regarding the methodology and the results obtained in the study.

First, the selection of patients should be mentioned, including children younger than 15 years, which is to be expected, since this specific population is more susceptible to complications and, therefore, to greater morbidity and mortality; however, it would be interesting to apply their method in a different age group, such as older adults, who are also considered at risk.

Second, in the method section, the treatment given to patients in a homogeneous manner, based on cefotaxime and metronidazole, is mentioned. This is also a standard measure in many patients with this disease, but it would be useful to mention whether there is any literature on similar results using another antibiotic regimen.

Third, as part of the appendectomy approach, a minimally invasive technique is mentioned: video-assisted transumbilical appendectomy, which has demonstrated, per se, a lower incidence of trans- and

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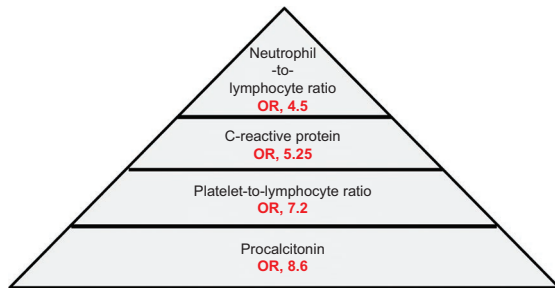


Figure 1. Representative pyramid of the findings presented by the authors regarding the main objective of the article. OR, odds ratio.

postoperative complications compared with the usual laparoscopic and laparotomy techniques. Although the authors mention that there were no significant differences regarding the occurrence of abscess after appendectomy, other publications did report a difference, which could indicate selection bias.⁴

Finally, we would like to highlight the results reported by the authors with a figure of our own creation (Fig. 1).

We can only congratulate the authors on their successful and interesting publication, which will be considered for future studies in the field of surgery. We look forward to their response.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

Ethical considerations

Protection of human subjects and animals. The authors declare that no experiments were performed on humans or animals for this research.

Confidentiality, informed consent, and ethical approval. The study does not involve personal data, medical records, or human biological samples; therefore, ethical approval is not required. The SAGER guidelines do not apply.

Declaration on the use of artificial intelligence. The authors declare that no type of generative artificial intelligence was used for the writing or creation of content in this manuscript.

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