

Is there a relationship between use of drains and postoperative complications in complicated acute appendicitis?

¿Existe relación entre el uso de drenajes y las complicaciones posoperatorias en la apendicitis aguda complicada?

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To the editors,

In the work published in this journal by Miranda Rosales et al.¹, with the title "Use of drains and post-operative complications in secondary peritonitis for complicated acute appendicitis at a national hospital," a relationship was determined to exist between not using drainage and the presence of postoperative collections and evisceration in open appendectomies for complicated acute appendicitis.

We would like to briefly comment on a similar study, with a retrospective cohort of 81 patients with complicated acute appendicitis at a primary care hospital in Medina del Campo, Spain. Seventy-three (90.1%) patients underwent laparoscopic surgery, while open appendectomy was performed in eight (9.9%). In our cohort, drainage was used in 49 patients (60.5%) and was not used in 32 (39.5%), which are similar data to those of the discussed study (66.6 vs. 33.3%).

The rates of evisceration, incisional hernia, scrotal abscesses, and entero-cutaneous fistulas were zero, while the rate of postoperative intra-abdominal collections was higher in our study, since they occurred in 12 patients (14.8%), with no statistically significant differences being observed between the use or not of drainage (9 [18.5%] vs. 3 [9.4%]; $p = \text{NS}$), unlike what was reported by Miranda Rosales et al.¹; however, like these authors, we did not find the use of

drainage to constitute a risk factor for the formation of intra-abdominal collections. In our cohort, 2 (25%) of the eight patients who underwent open surgery developed surgical site infection, out of which only one had drainage. None of the patients who underwent laparoscopic surgery developed surgical site infection. Conversely to what was stated in the article, we found no differences in hospital length of stay between the patients with and without drainage (mean: 6.73 vs. 6.78 days; $p = \text{NS}$). Laparoscopic surgery advantages and benefits in terms of early recovery have been clearly demonstrated², even in cases of complicated appendicitis³. Our cohort of patients was mostly operated on by this route of approach, which could explain the failure to find significant differences in hospital length of stay between patients with and without drainage. On the other hand, our study group has found that another advantage of the laparoscopic approach is that it can also serve as a diagnostic tool for acute appendicitis doubtful cases, with low morbidity and mortality and allowing direct diagnosis and appropriate treatment to be found⁴.

In conclusion, despite not having found statistically significant differences in our analysis, and with the scarce evidence published on the effects of drainage on the formation of intra-abdominal abscesses⁵, we

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believe that systematic use of drains should not be established and should only be used in selected cases.

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Conflict of interests

The authors declare that they have no conflicts of interest.

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