

Videolaparoscopic appendectomy: the current outlook

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The authors describe a fairly large series of 1,347 laparoscopic appendectomies performed in an 11-year period. They performed appendectomy for various indications. During the study period, 301 emergency appendectomies and 1,046 interval appendectomies were performed. This ratio of approximately 30% between emergency and interval appendectomies is intriguingly different from that in other large series of patients undergoing appendectomy. However, the authors do not explain this striking difference convincingly. Furthermore, they compare their results with the findings of other studies that deal mostly with acute appendectomies. Those patient groups are poorly comparable because the outcome after appendectomy is largely dependent on the severity of peritonitis at surgery [2].

The authors describe pathologic changes in all appendices. It is unclear whether their study was based on intention to treat or whether they simply did not find any white appendix in their patient group.

The complication ratio in this study was low, which is to be expected after mostly interval appendectomies. However, some of the complications may have been attributable

to the use of a less safe technique for introducing the trocars because 16.7% of the complications were Veress needle or trocar related. We showed earlier that open introduction of the first trocar is to be preferred over the use of a closed technique [1].

The authors are to be congratulated for a very low conversion ratio, but one particular surgeon performed 86% of the conversions. This raises the question of how the authors dealt with the learning curve for each individual surgeon during this study period.

References

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