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Author response: Global attitudes in the management of acute appendicitis during COVID-19 pandemic: ACIE Appy Study

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Dear Editor

We are grateful to Sabah *et al.* for their valuable comments referring to the ACIE Appy Study¹. Although the letter is straightforward and exhaustive, we would like to make some further remarks.

Indeed, the findings must be put into context, meaning that the survey was circulated at relatively early stages of the pandemic; a certain degree of variation was also predictable among the countries of the participants. As an example, routine CT thorax was initially advocated as a screening tool by some societies.

The SARS-CoV-2 pandemic has profoundly affected the organization of surgical emergency services, and non-operative management has regained popularity.

The ACIE Appy was not so much aimed at establishing a direct comparison between laparoscopic and open appendicectomy as on investigating surgeons' behaviours about the management of acute appendicitis in such a sensitive time. At the time, we were fighting a battle against an unknown enemy, and recommendations from different surgical societies were often contradictory.

Our study pointed out that many surgeons reported higher open appendicectomy rates during the first phase of the pandemic, following what some surgical societies had suggested. As evidence gradually became available, the recommendations were revised in favour of minimally invasive surgery, if prudently performed.

We believe that the benefits of minimally invasive surgery make it the ideal approach, on condition that risk reduction measures are in place. Currently, specific laparoscopic surgical smoke evacuation devices are available; their use should be favoured.

It is the responsibility of surgeons to treasure the lessons learned during critical times, including the advantages related to conservative management of acute appendicitis and the use of preoperative imaging in some specific pathways. Furthermore, for the first time, the pandemic has brought to the attention of the surgical community the potential harms related to the spread of surgical plumes during surgery, allowing the development of several specific filtration systems that should be the standard of care from today on.

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Reference

 Ielpo B, Podda M, Pellino G, Pata F, Caruso R, Gravante G et al. Global attitudes in the management of acute appendicitis during COVID-19 pandemic: ACIE Appy Study. Br J Surg 2021;108: 717–726.