

## Response to “imaging to diagnose acute appendicitis”

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Sir,

In response to comment of Wiwanitkit<sup>[1]</sup> on our study on efficacy of ultrasound scan to diagnose acute appendicitis in children,<sup>[2]</sup> we confirm that imaging is cost and time demanding and that most of the time it is not worth to be used to diagnose appendicitis. This is exactly what we remarked in our study. We are in fact absolutely in favour of the clinical assessment as the key mean of diagnosis and against the abuse of imaging: indeed, 82.4% of our patients underwent appendectomy without any further diagnostic assessment. Nevertheless, in selected cases, as the girls older than 10 years, if the story and clinical examination is doubtful, it would be advisable to use

ultrasound to improve the accuracy of the diagnosis, being these selected subgroups of patients keen to be more difficult to diagnose due to gynaecological problems. This is to avoid the high number of negative surgical procedures we reported in our series.

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## Hidden mortality of imperforate anus

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Sir,

The article reporting hidden mortality of imperforate anus has many interesting points for further discussion. Beudeker *et al.* in their study have reported that “the rate of complications was high, probably also related to advance age at presentation.<sup>[1]</sup>” As Beudeker *et al.* mentioned, early detection and prompt treatment of this anal disorder is very important.<sup>[1]</sup> The problem of delayed diagnosis can be seen not only in Malawi, but also other countries. A recent study by Tareen *et al.* had reported the similar problem from Ireland, a developed Europe country.<sup>[2]</sup> According to the report by Tareen *et al.*, around 10% of the cases were

delayed diagnosed.<sup>[2]</sup> Tareen *et al.* noted for the setting of a system for screening of this problem to early detect of any disorder.<sup>[2]</sup> However, it should be noted that the problem can still be seen at a considerable high rate despite the routine post-partum physical examination.<sup>[3]</sup>

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