Letter to the Editor

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STRENGTHEN THE FOUNDATION BEFORE BUILDING UPWARDS

Dear Sir.

Suppose a surgeon removes the normal-looking appendices from 100 patients who have been proven to have other pathologies, and then submits these appendices for histopathological examination. If the pathologist reports no acute appendicitis in all these specimens, he is a good doctor and should be celebrated. On the other hand, if he reports an acute appendicitis in 38 of them, it is a sad day indeed. A discrepancy rate of 38% is just not acceptable, and he should be re-certified at the very least. When the pathologist's call on acute appendicitis is that unreliable, how can we trust his call on cancer, or more complicated matters?

One would have expected the surgeon to challenge his pathologist's criteria for diagnosing acute appendicitis. He chose not to, and got around the high discrepancy rate by agreeing to be wrong 38% of the time whenever he examines an appendix macroscopically at an operation.

Given a choice, would you undergo an operation by this surgeon? A surgeon who did not question the pathologist's unreliable call on acute appendicitis, and who is unlikely to question a cancer diagnosis made by the same pathologist in a patient not expected to have any? Not I, having learnt a lesson to stay away from doctors with doubtful credibility. The same goes for data. Proposals and recommendations built on unreliable data are unstable, if not dangerous.

A similar conclusion was inevitable for the article by Hussain et al, (1) in which eight out of 21 appendices from patients proven to have other diagnoses were reported to have acute appendicitis on microscopy. A concept of calibrated histopathology or surgical placebo effect would find more support from the same data than positivity in appendicitis. I did read the article nevertheless, and wish to thank the authors for reminding me about the importance of a rock solid foundation.

Yours sincerely,

Pang Ah San

LP Surgery #02-05 Mount Alvernia Medical Centre A 820 Thomson Road Singapore 574623

Email: pangahsan@gmail.com

REFERENCE

1. Hussain A, Mahmood H, Singhal T, Balakrishnan S, El-Hasani S. What is positive appendicitis? A new answer to an old question. Clinical, macroscopical and microscopical findings in 200 consecutive appendicectomies. Singapore Med J 2009; 50:1145-9.