

**AUTHOR'S REPLY**

Dear Sir,

Many thanks for your interest in our article.<sup>(1)</sup> Our paper attempts to answer an old question, "What is positive appendicitis?" Many patients are cured by appendectomy, although the microscopical examination of their appendices is normal. Other authors have demonstrated that the inflammation of the appendix is not the only factor that explains why patients present with right lower quadrant pain. Accordingly, faecalith and appendicular colic may be the underlying causes.<sup>(2,3)</sup>

A discrepancy between the histopathology and the operative examination of the appendix, however, does exist and may reach a high percentage.<sup>(4)</sup> This should by no means undermine the credibility of the histopathologist, especially in developed health systems like that in the UK.

In the third paragraph of your letter,<sup>(5)</sup> the author mentioned that "eight out of 21 appendices from patients proven to have other diagnoses were reported to have acute appendicitis on microscopy". Firstly, the presence of other pathologies such as an ovarian cyst does not exclude the possibility of an abnormal appendix because both conditions can exist in the same patient. Secondly, we did not state that all eight patients were acute appendicitis cases; we have mentioned in the flow chart that they were microscopically positive. This included histopathological features other than acute inflammation, such as fibrosis, mucosal abnormality and an early carcinoid.

Even with a normal microscopical examination, Wang et al's interesting observation has shown that 22% of these appendices will have increased corresponding inflammatory markers.<sup>(6)</sup>

Currently, there is a misunderstanding regarding the natural history of acute appendicitis. Acute appendicitis is a clear indication for appendectomy; however, whether to remove a normal-looking appendix during exploration is still a hot subject. Growing evidence suggests removing a normal-looking appendix for patients presenting with right iliac fossa pain after the exclusion of other possible pathologies, and that is what our article was concerned with.

Yours sincerely,

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