Absorbable or non-absorbable sutures?

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COMMENT ON

Kundra RK, Newman S, Saithna A *et al*. Absorbable or non-absorbable sutures? A prospective, randomised evaluation of aesthetic outcomes in patients undergoing elective day-case hand and wrist surgery. *Ann R Coll Surg Engl* 2010; **92**: 665–667
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This paper raises several important points. Firstly, the follow-up period is too short to generate meaningful conclusions from the results. Wound healing and scar maturation extend up to 12–18 months postoperatively¹ and performing the last clinical assessment 6 weeks postoperatively risks missing 'late' wound healing problems, eg hypertrophic/keloid scars or scar contractures.

Secondly, the authors report using a 'validated 6-point scar assessment tool'. However, as they appear to have only utilised the patient section part of the tool they have not utilised the full scar assessment tool and are again at risk of missing hypertrophic or keloid scars.

Thirdly, in the discussion the authors state that non-absorbable sutures can leave suture marks on the skin. Absorbable sutures carry the same risk; the two worst cases of suture marks that I have seen occurred when Vicryl® rapide (Ethicon Products UK, EH54 0AB) failed to dissolve as quickly as expected.

Reference

1. Broughton G, Janis JE, Attinger CE. The Basic Science of Wound healing. *Plast Reconstr Surg* 2006; 117(Suppl): 12S–34S.

Editor's note: Kundra *et al* chose not to reply to Mr Morritt's comment.

White cell count and C-reactive protein measurement in patients with possible appendicitis

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COMMENT ON

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Acute appendicitis is a common condition that can lead to peritonitis and, rarely, death.^{1,2} While traditionally a clinical diagnosis, inflammatory markers are often now used to aid diagnosis.³ The paper published in the *Annals* by Sengupta *et al* reviewed 98 patients with lower abdominal pain and concluded that patients with a normal white cell count (WCC) and C-reactive protein (CRP) levels are unlikely to have appendicitis and can be safely sent home. We believe, however, that appendicitis can occur in the presence of normal inflammatory markers. To demonstrate this, we reviewed 200 consecutive cases of appendicitis at our institution. 162 patients had histologically confirmed appendicitis. Appendicitis in the presence of normal CRP, WCC or neutrophil counts occurred in 47, 47 and 36 patients respectively, while appendicitis in the presence of normal CRP, WCC and neutrophil counts occurred in 15 patients. Furthermore, 3 patients with histologically proven gangrenous appendicitis had presented with normal inflammatory markers.

We therefore recommend that clinicians be wary of normal inflammatory markers in patients with a high clinical suspicion of appendicitis and that further investigations or treatment should not be delayed where this is the case.

References

1. Simpson J, Samaraweera AP, Sara RK, Lobo DN. Acute appendicitis – a benign disease? *Ann R Coll Surg Engl* 2008; **90**: 313–316.
2. Søreide O. Appendicitis – a study of incidence, death rates and consumption of hospital resources. *Postgrad Med J* 1984; **60**: 341–345.
3. Sack U, Biereder B, Elouahidi T *et al*. Diagnostic value of blood inflammatory markers for detection of acute appendicitis in children. *BMC Surg* 2006; **6**: 15.