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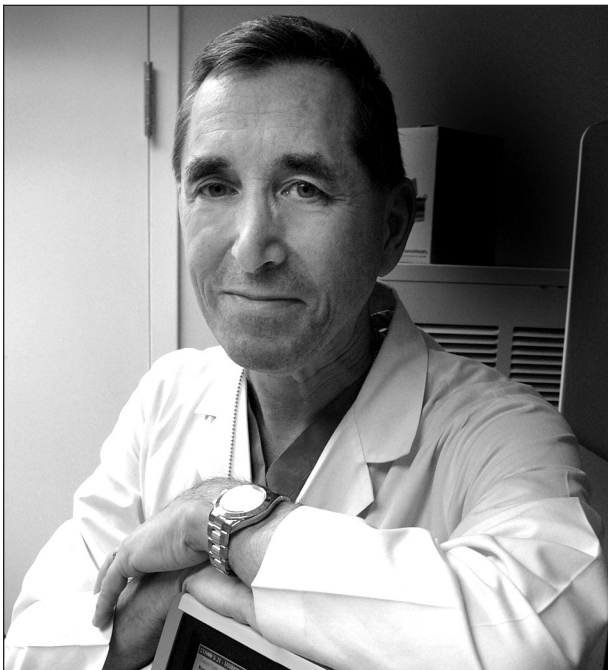
*The Journal of
Reproductive Medicine[®]*

Volume 66, No. 1-2/January-February 2021

A Note from the Editor-in-Chief

Lawrence D. Devoe, M.D.

Welcome to the January-February 2021 Editor-in-Chief's page. This issue's editorial page looks at an article that should be of interest to those caring for pregnant women.



Lawrence D. Devoe, M.D., Editor-in-Chief

In This Issue

- *Nonoperative Treatment of Acute Uncomplicated Appendicitis During Pregnancy*
Cuneyt Kirkil, M.D., Ahmet Bozdog, M.D., and Mehmet Fatih Korkmaz, M.D.

The authors evaluated a small group of pregnant women who presented with acute uncomplicated appendicitis (AUA) in pregnancy. This group was collected over a period of eight years, and all patients received initial antibiotic therapy and had telephone contact follow-up. No patient required surgery during the evaluation period, and all experienced good obstetric outcomes. During an average follow-up period of nearly two years, only one patient underwent an appendectomy at seven months postpartum for recurrent appendicitis.

Editor's Comments

Articles like this one are bound to spark clinical controversies, particularly when dealing with AUA complicating an ongoing pregnancy. As should be apparent, the majority of studies dealing with antibiotic therapy (AT) rather than surgical treatment (ST) for this condition have dealt with pediatric populations, in which this condition is more common than for adults in

general and obstetric patients in particular. While AT may be an appropriate option for children and adolescents with AUA, as suggested by a number of fairly large studies, a recent meta-analysis¹ sounded a cautionary note for the initial use of AT in adults, citing higher rates of peritonitis and recurrence in this group when compared to initial ST. The recently published Appendicitis Acuta II (APPAC) randomized clinical trial² looked at an adult nonpregnant population with AUA and demonstrated a relatively high effectiveness with either oral or oral plus intravenous antibiotics. While this may be seen as encouraging findings to support the initial use of AT, it should be understood that the previously published literature for AT in pregnant women with AUA is relatively scant, with one of the larger recent studies having only 20 patients.³ There is little controversy concerning the treatment of pregnant women with complicated appendicitis, i.e., prompt ST for ruptured or ab-

scended appendix is still the standard of care. For the present, those caring for pregnant women with AUA may certainly discuss the options of AT versus ST, but such discussions should explicitly include the statement that there are still insufficient published data to vouch for the safety of AT in pregnancy.

References

1. Podda M, Cillara N, Di Saverio S, Lai A, et al; ACOI (Italian Society of Hospital Surgeons) Study Group on Acute Appendicitis: Antibiotics-first strategy for uncomplicated acute appendicitis in adults is associated with increased rates of peritonitis at surgery: A systematic review with meta-analysis of randomized controlled trials comparing appendectomy and non-operative management with antibiotics. *Surgeon* 2017;15:303-314
2. Sippola S, Haijanen J, Grönroos J, et al: Effect of oral moxifloxacin vs intravenous ertapenem plus oral levofloxacin for treatment of uncomplicated acute appendicitis: The APPAC II Randomized Clinical Trial. *JAMA*. Published online January 11, 2021. doi:10.1001/jama.2020.23525
3. Joo J, Park H-C, Kim JM, et al: Outcomes of antibiotic therapy for uncomplicated appendicitis in pregnancy. *Am J Med* 2017;130(12):1467-1469