Letters to the Editor

Appendicectomy in Asian Children

SIR—I read with interest the article on the increased incidence of appendectomies in Asian children (1988, 42: 290–3) by Dr. Matheson and colleagues. I agree that the dietary hypothesis which seems to be supported by other migrant studies is very plausible, but one likely source of bias needs clarification.

Do Asian children have more appendectomies for clinical “appendicitis” or do they have more diseased appendices? For instance, is there a behavioural bias—Asian children, unlike their white brethren, are not taught stoicism to pain; could this have resulted in surgery more readily? Or, could the reason be a real difference in conditions such as mesenteric adenopathy which mimick appendicitis, and which might only be identified by an exceptional coding clerk who could decipher operation notes? The filtering of histologically proved appendicitis will remove this bias.

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The authors reply as follows:

SIR—Dr Kumar’s letter makes the relevant point that most studies of the epidemiology of acute appendicitis are based on ICD and OPCS codes (ICD540, 541 and OPCS441, 444). Most evidence suggest that the majority of appendicectomies are undertaken for acute inflammatory conditions of the appendix as assessed histologically.^{1 2}

Dr Kumar suggest that our report of rising trends in appendicitis in older Asian children does not exclude a rise in conditions mimicking this disease such as mesenteric adenitis and that further bias may be introduced by Asian childrens’ less stoical attitude to pain.

Mesenteric adenitis has an infectious aetiology and is rare after puberty.³ As we have pointed out (p 292), Asian and white children share the same microbiological environment and an infectious aetiology seems an unlikely explanation for the selective trends observed in our study.

Asian children in Glasgow do not appear notably more hypochondriacal than white children and the most “macho” are the adolescent boys who have experienced the most significant rise in the incidence of appendicitis.

The most obvious explanation for these trends is dietary adaptation; we have observed this to be most marked in older Asian boys. We now intend to examine the case records of a sample of Asian children whose appendices have been removed for histological verification of the diagnosis. The result will be communicated in due course.

References

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- ² Howarth MB. Acute appendicitis in a small community hospital. *South Med J* 1969; 62: 548–50.
- ³ Rains AJH, Ritchie HD, eds. *Bailey and Love’s Short Practice of Surgery*. 16th ed. London: HK Lewis, 1975: 940–1.

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