

Videolaparoscopic appendectomy during pregnancy – gold standard

APENDICECTOMIA VIDEOLAPAROSCÓPICA NA GESTAÇÃO – PADRÃO-OURO

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The indication of laparoscopic surgery during pregnancy is well established in the literature. Several articles defend and even recommend its use in any trimester of pregnancy with good results for both the mother and the fetus.¹

We have read with great interest the article *Acute appendicitis in pregnancy: literature review* published in the *Journal of the Brazilian Medical Association* (Revista da Associação Médica Brasileira).² Appendicitis is the most common non-obstetric condition in non-surgical acute abdomen during pregnancy, and thus, this is a major issue for the medical community, especially for obstetricians, general surgeons and pediatricians.

However, we disagree with one of the authors' conclusions about the approach of choice in pregnancy. Given the many studies published in the literature that corroborate treatment with laparoscopic appendectomy as a first choice for surgical treatment of this pathology during pregnancy, we find it appropriate to express that the authors cannot extrapolate data from the articles cited and previous evidences to conclude that the first option would be conventional surgery using laparotomy.

There are no randomized controlled trials (RCT) and systematic reviews with RCT comparing the two techniques.³ Nevertheless, the current articles allow us to conclude that the laparoscopic technique is associated with a shorter hospital stay, decreased incidence of wound infection, less post-operative pain and faster return to normal activities.⁴

Also, experimental⁵ and clinical¹ studies demonstrate safety to the fetus using the laparoscopic approach, with no evidence of increased incidence of fetal death or premature labor compared to conventional open surgery.

The difficulty of the etiologic diagnosis of acute abdomen during pregnancy is a factor that makes the laparoscopic approach even more advantageous because it allows for other intra-abdominal diagnoses.

Thus, the choice between laparoscopy and laparotomy depends more on the team's experience, availability of materials and the clinical condition of the patient, and it is not possible to acknowledge or establish that the first choice would be conventional surgery. We must be able to offer a better and safer option for our patients.

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