

- systematic review of the literature. *J Bone Joint Surg Am* 2004;86-A:963-74.
54. Tambyraja AL, Fraser SCA, Murie JA, et al. Quality of life after repair of ruptured abdominal aortic aneurysm. *Eur J Vasc Endovasc Surg* 2004;28:229-33.
  55. Ching S, Thoma A, McCabe RE, et al. Measuring outcomes in aesthetic surgery: a comprehensive review of the literature. *Plast Reconstr Surg* 2003;111:469-80.
  56. Furlong W, Barr R, Feeny D, et al. Patient-focused measures of functional health status and health-related quality of life in pediatric orthopedics: a case study in measurement selection. *Health Qual Life Outcomes* 2005;3:3.
  57. Terwee CB, Dekker FW, Wiersinga WM, et al. On assessing responsiveness of health-related quality of life instruments: Guidelines for instrument evaluation. *Qual Life Res* 2003;12:349-62.
  58. Husted JA, Cook RJ, Farewell VT, et al. Methods for assessing responsiveness: a critical review and recommendations. *J Clin Epidemiol* 2000;53:459-68.
  59. Baron R, Elashaal A, Germon T, et al. Measuring outcomes in cervical spine surgery: Think twice before using the SF-36. *Spine* 2006;31:2575-84.
  60. Mangione CM, Goldman L, Orav EJ, et al. Health-related quality of life after elective surgery: measurement of longitudinal changes. *J Gen Intern Med* 1997;12:686-97.
  61. Perkins JMT, Magee TR, Hands LJ, et al. Prospective evaluation of quality of life after conventional abdominal aortic aneurysm surgery. *Eur J Vasc Endovasc Surg* 1998;16:203-7.
  62. Razmjou H, Yee A, Ford M, et al. Response shift in outcome assessment in patients undergoing total knee arthroplasty. *J Bone Joint Surg Am* 2006;88:2590-5.
  63. Torrance GW, Furlong WJ, Feeny DH, et al. Multi-attribute preference functions. Health Utilities Index. *Pharmacoeconomics* 1995;7:503-20.
  64. Feeny D, Furlong WJ, Boyle MH, et al. Multi-attribute health status classification systems. Health Utilities Index. *Pharmacoeconomics* 1995;7:490-502.
  65. Jaeschke R, Singer J, Guyatt GH. Measurement of health status: ascertaining the minimal clinically important difference. *Control Clin Trials* 1989;10:407-15.
  66. Redelmeier DA, Guyatt GH, Goldstein RS. Assessing the minimal important difference in symptoms: a comparison of two techniques. *J Clin Epidemiol* 1996;49:1215-9.
  67. King MT. The interpretation of scores from the EORCTC quality of life questionnaire QCQ-C30. *Qual Life Res* 1996;5:555-67.
  68. Drummond M. Introducing economic and quality of life measurements into clinical studies. *Ann Med* 2001;33:344-9.
  69. Lochner HV, Bhandari M, Tornetta P III. Type-II error rates (beta errors) of randomized trials in orthopaedic trauma. *J Bone Joint Surg Am* 2001;83:1650-5.
  70. Lovrics PJ, Cornacchi SD, Barnabi F, et al. The feasibility and responsiveness of the health utilities index in patients with early-stage breast cancer: a prospective longitudinal study. *Qual Life Res* 2008;17:333-45.
  71. Haynes B, Sackett DL, Guyatt GH, et al. *Clinical epidemiology: how to do clinical practice research*. 3rd ed. Philadelphia: Lippincott Williams & Wilkins; 2006.

## Correspondence Correspondance

### The treatment of colorectal cancer in young patients

Regarding the article "Colon cancer presenting as an appendiceal abscess in a young patient"<sup>1</sup> published online in the *Canadian Journal of Surgery*, colorectal cancer in young patients is very aggressive with a poor prognosis. The second surgery in the patient should have been supported with a transoperative histopathologic study to demonstrate its benignancy. Otherwise, such malignancy is treated with a radical surgery: right hemicolectomy with or without an ileotransverse colonic anastomosis, depending on the conditions of the abdominal cavity and the experience of the surgeon. Only the benign pathology is treated with minor surgical procedures. Further, a 6-month follow-up is too short.

**Luis Enrique Romero-Morales**  
Internship Pregraduate Student

HGR 36, Instituto Mexicano del Seguro Social  
Puebla, México

**Competing interests:** None declared.

#### References

1. Arjona Sánchez A, Tordera Torres EM, Cecilia Martínez D, et al. Colon cancer presenting as an appendiceal abscess in a young patient. *Can J Surg* 2008;51:E15-6.

#### (Dr. Arjona Sánchez replies)

First, I would like thank you for your interest in our case report published in the *Canadian Journal of Surgery*. I agree with your questions, but the aim of this case report was to demonstrate the rare possibility that we may find a malignant pathology in the context of a young patient with no significant medical history who presents with acute appendicitis. We did not consider a malig-

nant pathology in the urgent treatment because we had made a less aggressive intervention instead of a right hemicolectomy.

I agree that the follow-up was short, but we thought that the interesting aspect of this case was the rare disease with which this patient presented. He received adjuvant chemotherapy for 1 year and then presented with a mass in the abdominal wall. Positron emission tomography confirmed a recurring mass in the right peritoneum. The patient underwent peritonectomy followed by intraperitoneal chemotherapy with mitomicin C. His postoperative course was smooth, and he is currently being followed by our Oncology Unit.

**Alvaro Arjona Sánchez, MD**  
Department of Surgery  
H.U. Reina Sofia  
Cordoba, Spain

**Competing interests:** None declared.