

Letter to the Editor Concerning the Article: Figueiredo J, Santos A, Clemente H, Lourenço A, Costa S, Grácio MA, Belo S. Schistosomiasis and Acute Appendicitis. Acta Med Port. 2014;27:396-9.

Keywords: Appendicitis/parasitology; Schistosomiasis; Angola; África

Palavras-chave: Appendicite/parasitologia; Schistosomose; Angola; África.

Sir,

The recent report on 'Acute appendicitis and Schistosomiasis' is very interesting.¹ Figueiredo et al noted for 'possibility of finding more patients with concurrent appendicitis and schistosomiasis'.¹ In fact, the parasitic acute appendicitis is not an uncommon problem in the tropical world. According to the recent report by Jada et al, it was reported that 'among 100 specimens, 48 faecolith analysis proved to be positive for parasitic association, giving 48% positivity, which is quite high'.² In the present day, due to the globalization, the trend of rising parasitic acute appendicitis in the Western countries can also be observed.³ There are many issues to be addressed for this specific disease. Although it is relating to parasitic infestation, the classical stool examination usually reveals no parasite in the case.² The careful examination on the surgical specimen and faecolith is needed for diagnosis. The diagnosis can also imply for the necessity for management of detected parasitic infestation in the patient.

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Sir,

We appreciate the comments made by Beuy Joob e Viroj Wiwanitkit.

Regarding the paper 'Acute appendicitis and schistosomiasis',¹ it was meant to draw the attention to the role of parasite infections on the aetiology of acute appendicitis and reinforce the need to carefully examine surgical specimens and faecaliths for correct diagnosis.

However, in our opinion, in the case of appendectomy related to *Schistosoma spp* infection, histological samples should remain the standard diagnostic method.

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Letter to the Editor Concerning the Article: Ana Cardoso, David Jolley, Ann Regan, Michael Tapley. Dying with Dementia: a Challenge for Palliative Care Now and in the Future. Acta Med Port 2014;27:414-6.

Keywords: Dementia; Continuity of Patient Care; Community Health Service; Terminal Care; Palliative Care; Aged; England.

Palavras-chave: Demência; Continuidade de Cuidados ao Doente; Serviço de Saúde Comunitário; Cuidados Terminais; Cuidados Paliativos; Idoso; Inglaterra.

To Editor,

We'd like to thank you for the publishing of the article "Dying with Dementia: a Challenge for Palliative Care Now and in the Future", by Ana Cardoso et al.¹ The highlighting of palliative care within the context of incurable disease, in this case dementia, motivated a thorough review of our own attitudes towards incurable oncological patients within the scope of our own professional activity at Serviço de Obstetrícia do Centro Hospitalar Tâmega e Sousa, performed in collaboration with Instituto Português de Oncologia do Porto.

We strongly believe that the expectations of patient and her family - geared towards an abstract concept of problem solving - and the healthcare provider - more geared towards a dispassionately (though not necessarily unsympathetic) process of streamlined diagnose and treatment, are, quite often, misaligned. In cases that cannot be cured, the weighting provided to palliative care by the first-call institution becomes evident during treatment. The incurable oncological patient, within an ontological perspective, tends to inflict an understandable anguish to his or her doctor, mimicking the frustration motivated by hopelessness derived from the healing-driven mindset of our training. Nevertheless, the perspective of patients and their families generally surpasses their physical problems to include psychological, social, and spiritual angles, an aspect to which family participation during the evaluative process becomes paramount.

The existence of specialized palliative care, performed by multidisciplinary teams, cannot excuse the leniency of palliative care by healthcare professionals which, despite their specialty, are not primary palliative caregivers.

Beuy JOOB, Viroj WIWANITKIT

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