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: Apendicite/ 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 careful 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.

It's our opinion that a greater observance of palliative care should be given, not only during undergraduate training but also through greater research, thus augmenting the comprehension and susceptibility for healthcare professionals while also yielding a better care for the patient.

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Dear colleagues, thank you for sharing your reflections on the care of your patients with incurable cancer, which were motivated by our article 'Dying with Dementia: A challenge for Palliative Care Now and in the Future'.[1] We agree with your emphasis on holistic approaches, including the psychological social and spiritual elements, both in the assessment of patients needs and in the choice of management approaches that might be suggested.

Cecily Saunder's first patients had cancer, and from her pioneering work the modern palliative movement developed. This article examines these same principles of care extended to people living with dementia, and it is interesting that it has motivated further reflection in oncology about how you cope with divergent expectations among patients and health professionals.

Doctors are traditionally trained in biomedical models of care with increasing emphasis on single system medical specialisation. This may not best suit patients subject to complex co-morbidities and frailty on a background of a life-limiting illness, whether that be a cancer or dementia or both.

Sometimes patients and families complain of hearing mixed messages from the many different specialists treating their illnesses about risks and benefits of treatment and possible outcomes and prognosis.

We agree that palliative principles should be a core theme in medical training for all doctors, and not simply confined to the training of specialists. Physicians who appreciate the interplay between scientific analysis and a person's psycho-spiritual awareness may enable the patient and their family to make informed contributions to decisions about their care.

Palliative medicine may help the patient to see illness in the context of their lives as a whole, and help us share with them their hopes and fears for the future.

Thank you for your encouragement for us all to continue this task.

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Letters to the Editor Concerning the Article: Alexandre Oliveira Ferreira, Andrea Riphaus. Propofol to Increase Colorectal Cancer Screening in Portugal. Acta Med Port 2014;27:541-42.

Cartas ao Editor Relativas ao Artigo: Alexandre Oliveira Ferreira, Andrea Riphaus. Propofol como Forma de Aumentar o Rastreio Endoscópico do Cancro do Cólon e Reto em Portugal. Acta Med Port 2014;27:541-42.

Keywords: Colorectal Neoplasms; Hypnotics and Sedatives; Propofol; Endoscopy, Gastrointestinal; Colonoscopy.
Palavras-chave: Neoplasia Colo-Rectal; Hipnóticos e Sedativos; Propofol; Endoscopia Gastrointestinal; Colonoscopia.

Ao Editor,

O artigo de Alexandre Oliveira Ferreira e Andrea Riphaus intitulado 'Propofol como Forma de Aumentar o Rastreio Endoscópico de Cancro do Cólon em Portugal', publicado em Acta Médica Portuguesa[1] merece-nos os seguintes esclarecimentos:

1. O Propofol é um fármaco utilizado em Sedação e em Anestesia. Caracteriza-se por rápido início de ação e curta semivida de eliminação. Não existe fármaco antagonista.
A dificuldade em estabilizar o nível de Sedação por médicos não treinados na administração ou desconhecedores do perfil farmacológico do Propofol, se associado a incapacidade de reconhecer situações de Urgência/Emergência e resolvê-las atempadamente, implica riscos para a segurança do doente.[2,3] Face a tal insensatez e imprudência se pronunciaram 21 Sociedades Nacionais de Anestesiologia da Europa.[4]
2. O Colégio de Anestesiologia da Ordem dos Médicos emitiu Recomendações sobre 'Sedação e Anestesia fora do Bloco Operatório' (2 setembro 2011) e o Colégio de Gastroenterologia produziu um Comunicado recomendando 'aos médicos gastroenterologistas que não aceitem, em simultâneo com a execução de Colonoscopias, realizar por

Juliana ROCHA, Ana Rita PINTO, Fernanda COSTA

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.

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