

the unsuspecting clinician. We urge our colleagues to consider the revised predictive values in our table above as they seek to apply the lessons in this paper to their clinical practice.

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#### References

1. Elangovan E. Clinical and laboratory findings in acute appendicitis in the elderly. *J Am Board Fam Pract* 1996;9:75-8.
2. Catkins E, Davis PJ, Ford AB. The practice of geriatrics. Philadelphia: W. B. Saunders, 1986:548.
3. Hazzard WR, Andres R, Bierman EL, Blass JP, Hazzard WR, editors. Principles of geriatric medicine and gerontology. 2nd ed. New York: McGraw-Hill, 1990: 1055.

The above letter was referred to the author of the article in question, who offers the following reply.

*To the Editor:* Drs. Olive and Kiser presented useful additional and supplementary information to the discussion on acute appendicitis in the elderly. The results provided in my article were based on suspected cases of acute appendicitis (as discussed on pp. 76-77).<sup>1</sup> The positive and negative predictive values based on the reported frequency of acute appendicitis in the elderly population provide a different perspective than those based on clinically suspected cases. Both perspectives can be useful to clinicians.

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#### Reference

1. Elangovan S. Clinical and laboratory findings in acute appendicitis in the elderly. *J Am Board Fam Pract* 1996;9:75-8.