

“Correcting” ulcers?

David Cha · Joshua R. Karas · Roberto Bergamaschi

Published online: 22 September 2011
© Springer Science+Business Media, LLC 2011

Letter to the Editor

We read with interest the review article by Bertleff and Lange [1] and commend the authors for their novel use of the Quality Assessment Tool for Quantitative Studies [2] to rate each study included in their review. The authors' use of the tool's strong–moderate–weak rating scale gives the reader a sense of the overall trend in how studies on the reviewed topic have fared over time. We look forward to seeing more authors use the Quality Assessment Tool for Quantitative Studies in future review articles.

A concern we had with this article, however, is that one of the conclusions in the abstract appears to be unwarranted. The authors state that a Boey score of three should be a contraindication for laparoscopic intervention, but they did not show convincing evidence from their review to support this specific claim. In their review, only two patients of the possible 513 patients classified by the Boey system were found to have a score of three. In addition, the reader is not told which of the two patients, if either, underwent laparoscopic repair. It is inappropriate to suggest a contraindication for a procedure if both the sample size is insufficient and the patients' treatments and outcomes are unknown. A Boey score of three is associated with high rates of morbidity and mortality whether surgery is performed laparoscopically or using an open approach [3], and thus any surgical treatment may be inadvisable.

A second concern lies in the authors' methodology. The review is based on aggregate data analyses from published reports rather than individual patient data. A review based on raw individual patient data features the advantage of having the primary data reanalyzed to detect any inconsistencies in their initial interpretations [4]. However, it must be acknowledged that obtaining individual patient data from authors requires significantly more time and cooperation than collecting data from published reports.

References

1. Bertleff MJ, Lange JF (2010) Laparoscopic correction of perforated peptic ulcer: first choice? A review of literature. *Surg Endosc* 24:1231–1239
2. EPHPP (2010) Quality assessment tool for quantitative studies. <http://www.ehpp.ca/Tools.html>. Accessed on 18 July 2010
3. Lee FYJ, Leung KL, Lai BSP, Ng SSM, Dexter S, Lau WY (2001) Predicting mortality and morbidity of patients operated on for perforated peptic ulcers. *Arch Surg* 136:90–94
4. DiGiuro G, Ignjatovic D, Brogger J, Bergamaschi R, Rectal Prolapse Recurrence Study Group (2006) How accurate are published recurrence rates after rectal prolapse surgery? A meta-analysis of individual patient data. *Am J Surg* 191:773–778

D. Cha · J. R. Karas · R. Bergamaschi (✉)
Department of Surgery, State University of New York,
Stony Brook, NY, USA
e-mail: rcmbergamaschi@gmail.com