Personalized medicine for laparoscopic gastrectomy used to treat gastric cancer

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We appreciate Professor Christ of Hottenrott's interest in our article entitled visceral fat area (VFA). Is superior to body mass index (BMI) as a predictive factor for risk with laparoscopy-assisted gastrectomy for gastric cancer published in the December 2010 issue of *Surgical Endoscopy* [1]. I reply to his valuable comments.

In our study, VFA was useful for predicting risks of laparoscopically assisted gastrectomy and postoperative complications with higher precision than BMI retrospectively. We agree that this study could be considered as underpowered because it was limited not only by its retrospective nature but also by the very small number of patients in the subgroups. However, another large-sample report ($n = 152$) also indicated that a high VFA can predict technical difficulties during laparoscopic gastric surgery as well as postoperative complications. Blood loss showed a significant correlation with VFA ($P = 0.03$). Also, VFA was more correlated with postoperative complications than BMI ($P = 0.007$ vs 0.07) [2].

Because this study was conducted retrospectively, we should perform a prospective study with large and accurate samples to validate the potential impact of the VFA on patients undergoing laparoscopic gastrectomy. Finally, I hope I have clarified the comments proposed by Professor Hottenrott.

References

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