Author's Reply: Laparoscopic Versus Open Complete Mesocolon Excision in Right Colon Cancer: A Systematic Review and Meta-analysis

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Published online: 12 March 2020
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Dear Editor,

We have read with great interest the Letter to the Editor concerning the meta-analysis [1] evaluating the comparative evidence of laparoscopic and open complete mesocolon excision (CME) in patients with right-sided colon cancer.

Thank you for your interest in our article and for these relevant remarks. Concerning the forest plot of chyle leakage, unfortunately, the number of events in the open and laparoscopic groups regarding the studies of Bae et al. [2] and Kim et al. [3] were wrongly switched. In fact, the number of chyle leak in the study of Bae et al. [2] should be 12 in the open group and 3 in laparoscopic groups. Similarly, the number of chyle leak in the study of Kim et al. [3] should be 5 in the open group and 3 in laparoscopic groups as you have mentioned in the letter to the editor. As a consequence, the open and laparoscopic approach were associated with a similar rate of chyle leakage (OR 1.82; 95% CI 0.65–5.08; $p = 0.25$) with an increased value of heterogeneity ($I^2 = 22\%$).

In conclusion, the corrected analysis demonstrates that open and laparoscopic CME were similar in term of chyle leak as mentioned in Figure 1 in the letter to the editor.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

1. Chaouch MA, Dougaz MW, Bouasker I, Jerraya H, Ghariani W, Khalfallah M et al (2019) Laparoscopic versus open complete mesocolon excision in right colon cancer: a systematic review and meta-analysis. *World J Surg*. <https://doi.org/10.1007/s00268-019-05134-4>
2. Bae SU, Saklani AP, Lim DR, Kim DW, Hur H, Min BS et al (2014) Laparoscopic-assisted versus open complete mesocolic excision and central vascular ligation for right-sided colon cancer. *Ann Surg Oncol* 21(7):2288–2294
3. Kim IY, Kim BR, Kim YW (2016) The short-term and oncologic outcomes of laparoscopic versus open surgery for T4 colon cancer. *Surg Endosc* 30(4):1508–1518

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

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