Role of phosphodiesterase inhibitors in stent-related symptoms: a systematic review and meta-analysis

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Dear Editor in chief,

We read the study published by Sharma et al. [1] in the latest online issue of *World Journal of Urology* entitled “Role of phosphodiesterase inhibitors in stent-related symptoms: a systematic review and meta-analysis” with keen interest. This article was performed to analyze the efficacy of phosphodiesterase inhibitors in improving stent-related symptoms. From the methodology and the whole paper of meta-analysis, we found some problems that must be emphasized.

1. Only three studies fulfilled the methodological requirements, i.e., the population base of 280 patients is quite limited. The three randomized control trials collected for analysis in this study are with significant heterogeneity in study design, especially in comparison with different drugs (Aggarwal et al. [2]: tadalafil 5 mg vs placebo vs tamsulosin 0.4 mg; Bhattar et al. [3]: tadalafil 5 mg vs placebo vs silodosin 8 mg; Tharwat et al. [4]: sildenafil 50 mg vs placebo), which made the data less comparable.
2. As stated in the original “Only random-effects model was adopted, as it would provide a more conservative estimate”, this is an unreasonable study design on the basis of RevMan version 5.3.0 (Cochrane Collaboration, Oxford, UK) [5]. The indicator should be characterized as fixed-effects model if $P > 0.05$, if not, a random-

effects model would be used. Therefore, the forest of some indicators should be redrawn for analysis.

3. For analgesic requirement, the meta-analysis of only one included study is unreasonable, strength of evidence (SOE) [6] should be defined as insufficient.
4. Sensitivity analysis usually not required if there are less than 10 trials. Formal assessment for publication bias should be included in the analysis.
5. There are typographical errors in the magazine of references 13 and 14.

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