



Letter to the Editor: “Prediction of anastomotic leakage after left-sided colorectal cancer surgery: a pilot study utilizing quantitative near-infrared spectroscopy”

Carolina Castro Ruiz^{1,2} · Maurizio Zizzo³ · Erica Pavesi¹ · Lara Ugoletti¹ · Lorenzo Mariani¹

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To the Editor,

We read with great interest the paper by Hisaaki Yoshinaka and colleagues [1] “Prediction of anastomotic leakage after left-sided colorectal cancer surgery: a pilot study utilizing quantitative near-infrared spectroscopy”, which was published recently in *Surgery Today*. The authors addressed well the burden that anastomotic leakage (AL) inflicts on our patients. We thank the authors for exploring the role of NIRS (near-infrared spectroscopy) in real-time monitoring of intestinal perfusion as a valid tool for identifying those anastomoses at higher risk of AL. Although this technology was first described more than 40 years ago, it is not well known and/or applied in general surgery [2]. The authors reported measuring the rSO₂ value three times at the site of proximal transection and recording the mean value. Could

the authors make it known how high the variability was between these three measurements? Furthermore, we are interested in understanding the reason for measuring the rSO₂ at the proximal site of transection and not at the level of the rectal stump, given that the low blood supply at the rectal stump is a proven risk factor for the development of AL [3, 4]. Finally, we would like to ask the authors if they think NIRS could play a role in the assessment of vital tissue in the setting of acute intestinal ischemia.

Declarations

Conflict of interest We have no competing interests to declare.

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✉ Carolina Castro Ruiz
carolina.castroruiz85@gmail.com;
carolina.castroruiz@ausl.re.it

Maurizio Zizzo
maurizio.zizzo@ausl.re.it

Erica Pavesi
erica.pavesi@ausl.re.it

Lara Ugoletti
lara.ugoletti@ausl.re.it

Lorenzo Mariani
lorenzo.mariani@ausl.re.it

¹ Department of General Surgery, Chirurgia Area Nord, Azienda Unità Sanitaria Locale-IRCCS Di Reggio Emilia, Reggio Emilia, Italy

² Clinical and Experimental Medicine PhD Program, University of Modena and Reggio Emilia, Modena, Italy

³ Surgical Oncology Unit, Azienda Unità Sanitaria Locale-IRCCS Di Reggio Emilia, Arcispedale Santa Maria Nuova Di Reggio Emilia, Via Giovanni Amendola 2, 42122 Reggio Emilia, Italia