Is Emergency Colectomy Inevitable for All Ischemic Sigmoid Volvulus Cases?

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Dear Editor,

We thank Prof. Dr. Atamanalp for his valuable comments and interest in our manuscript on borderline ischemia in patients with sigmoid volvulus [1, 2]. Because he is one of the most experienced clinicians on sigmoid volvulus in the globe, his contribution is exciting and honoring for us. As mentioned in the letter, the treatment guidelines for non-ischemic and gangrenous sigmoid volvulus cases are almost clear and widely accepted [3]. However, borderline ischemia in sigmoid volvulus is a newly defined issue and data on this topic is scarce. Probably, most of the patients with borderline ischemia were exposed to emergency colectomies so far, but some preliminary reports including our experiences highlighted that urgent surgery in certain circumstances may not be inevitable. An approach avoiding emergency surgery has several advantages including decreased risk of morbidity and mortality. Moreover, a stoma-free surgery and chance of laparoscopic approach are most probable with the non-emergent surgery. We defined the endoscopic view of borderline ischemia by the words of “fallen leaves in autumn” for dark mucosa including yellow-reddish spots, and we demonstrated that those cases were not compelled to emergency surgery. Close endoscopic and clinical follow-up can save some patients from an urgent colon surgery. However, we do not have enough data on the outcomes and the safety borders of this new approach yet. Dr. Atamanalp declared that in his experience, in sigmoid volvulus patients with borderline sigmoid ischemia, cases older than

70 years old and those with American Society of Anesthesiologists (ASA) Score $\geq$ IV, whose expected operative mortality rate is higher than 7.8%, are potential candidates for observation with repeating endoscopies. We are going to take care of these comments in our future observations. Thank you again.

Compliance with Ethical Standards

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

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