LETTER TO THE EDITOR

Reply to “Let’s Think Twice Before Abandoning Fibrillar Oxidized Regenerated Cellulose”

TO THE EDITORS:

Regarding our article about the higher risk of postoperative pelvic abscesses after using fibrillar oxidized regenerated cellulose in major gynecologic oncology surgery, Perniola et al.¹ suggest warning before abandoning it. However, although they discuss some interesting issues, it seems that their conclusions do not really differ from ours.

- (a) We agree with the authors that the pathogenesis of an abscess is multifactor and, in this context, it is difficult to recognize if the capillary bleeding alone or the consequent use of the fibrillar oxidized regenerated cellulose are one of the leading causes of an abscess. In fact, in our cascade it represents only a coexisting cause of an articulate process.
- (b) We also agree that the retrospective nature of the study is a limiting factor to draw definitive guidelines in this field. In fact, we concluded our research suggesting that prospective, randomized studies are needed to compare different kind of local hemostatic agents to evaluate the effectiveness and safety of each type of material.
- (c) Finally, we absolutely agree with Perniola et al.¹, suggesting the role of other risk factors in the abscess development, such as the permanence of retro/intra-peritoneal drainage, lymph nodal status, and number of positive nodes removed. In fact, we investigated the role of pelvic and aortic lymphadenectomy in the

genesis of the abscess by univariate analysis, without reaching any statistical significance. We did not investigate the relevance of the permanence of retro/intra-peritoneal drainages, because we usually remove them after 24 h from the end of surgery. Unfortunately, we could not examine the number of fibrillar patch adopted because these data were not available in our series.

In conclusion, based on literature data reporting the use of this hemostatic in different kind of surgery as a potential risk factor for granuloma formation² and on our retrospective but large, single-institutional study, we think that the KISS principle does not really fit with this condition. In fact, instead of using fibrillar oxidized regenerated cellulose “tout court,” we recommend to achieve optimal hemostasis whenever possible, even to operative time detriment, and to remove the hemostatic agent before finishing surgery in case you need it.

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