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LETTER TO THE EDITOR

# Comments on Contemporary Management of Sigmoid Volvulus

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Dear Editor,

I read with interest the article by Dolejs et al. entitled "Contemporary management of sigmoid volvulus," which reports the clinical evaluation of 2538 patients with sigmoid volvulus (SV) recorded in the American College of Surgeons National Surgical Quality Improvement Program.[1] Although the results prior to statistical analysis do not remain mystery, the findings after propensity score matching are more realistic and extremely interesting. Among a large number of evaluated criteria, I want to discuss the mortality and morbidity rates and the lengths of stay.

After propensity score matching, Dolejs et al.[1] reported statistically nonsignificant mortality rates (10.8% vs. 12.1%, respectively, $p$ 0.66) and overall morbidity rates (53.0% vs. 53.9%, respectively, $p$ 0.85) in patients undergoing emergent Hartmann's procedure and emergent colectomy with primary anastomosis. Similarly, they demonstrated statistically similar mortality rates (9.1%, in both, $p$ 1.00) and overall morbidity rates (50.7% vs. 45.7%, respectively, $p$ 0.14) in patients undergoing Hartmann's procedure and colectomy with primary anastomosis. Although the authors reported a statistically significant difference between the hospitalization periods of the patients treated with emergent Hartmann's procedure and emergent colectomy with primary anastomosis (9 days vs. 7 days, respectively, $p$ 0.01), the median lengths of stay were similar (8 days, in both, $p$ 0.58) in patients treated with Hartmann's procedure and colectomy with primary anastomosis. Hence, the authors declared their final conclusion as "in selected patients, anastomosis results in similar outcomes to colectomy with end colostomy."

I practice in Eastern Anatolia, which is an endemic area for SV.[2] My colleagues and I have approximately 52 years of history and 1008 cases of experience with SV.[3,4] Ours is the largest single-center SV series in the world according to the literature documented in Web of Science.[5] In our series, among surgically treated 470 patients, the mortality and morbidity rates are 22.4% and 41.3%, respectively, in 196 patients treated with sigmoid resection and stoma, while 12.7% and 33.3%, respectively, in 165 patients treated with sigmoid resection and primary anastomosis. Similarly, the median lengths of hospital stay are 15.7 days and 12.0 days, respectively. It is clear that, when the data of the colostomy closure procedures are included, the present differences will be evident. In my clinical experience and theoretical opinion, when a surgical technique is compared with another one including stoma, the evaluation of the data of the colostomy closure together with the first procedure is necessary for a realist assessment. In both emergent and elective surgery, a second operation, stoma closure, involves an additional hospitalization period in addition to its own mortality and morbidity risks. It is well known that, when needed, stomas are lifesaving procedures. Nevertheless, if possible, primary anastomosis must absolutely be preferred in the treatment of SV.[6] I think that if the authors have a SV series, even if small, they may clinically evaluate this discussion point. If they have not an additional clinical experience on SV, I would at least appreciate their theoretical opinion on my comments.

I congratulate the authors again for their interesting report and look forward to their reply.

## Compliance with Ethical Standards

**Conflict of Interest** The author declares that there are no conflicts of interest.

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