



Authors' Reply: Perioperative Mortality Rates as a Health Metric for Acute Abdominal Surgery in Low- and Middle-Income Countries: A Systematic Review and Future Recommendations

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To the Editor: We would like to thank you for the opportunity to respond to the issues raised by Dr. Usubillaga and Dr. Garcia-Perdomo, on our research study titled “Perioperative Mortality Rates as a Health Metric for Acute Abdominal Surgery in Low and Middle Income Countries: A Systematic Review and future Recommendations” [1].

We agree there is a large proportion of information within the grey literature that may not be present within established publications. In our circumstance, we decided to solely investigate the published literature, which is likely the closest accessible representation of POMR-related activity. At the time of this study, although recommended, it was not an absolute criterion to include grey literature within a systematic review. Furthermore, in our methods, it was not stated that we investigated the grey literature and the databases to which we extracted articles were outlined in a clear manner. It also states in our limitations that this study is limited to the articles to which the study is based. Although inclusion of the grey literature would aid in reducing publication bias, this will always be a limitation within a systematic review study.

In regard to the language of included studies, this should have been stated directly in our methods and not exclusively within our PROSPERO protocol. Our decision to

only include French and English language articles is due to our limited resources. The two independent reviewers were fluent in French and English. Due to this, we limited our search to selected languages. Although a large proportion of articles are published in French and English, we agree that by limiting our language selection there is a proportion of articles within the literature that have not been included. Furthermore, as this study specifically focuses on low and middle income countries (LMICs) where language differences are sizable, it would definitely enhance the current literature by include articles other than those in French and English. Nevertheless, approximately 90% of indexed scientific articles have been published within the English language [2, 3].

In regard to the years of study, this was a project that had been started initially in 2017 and took time for the data to be extracted and published. We agree that the 2-year gap from the original search to the time of publication leaves a gap from 2017 to 2019. Unfortunately, we could not go back and redo our entire protocol for the following two years; this was stated in the manuscript and brought to the attention of the readers.

As a systematic review focuses on summarization of the literature, we included all types of articles published on the subject. As our clinical question was to examine the use of POMR and the methods in which it is being collected, we felt a systematic review on the previously existing literature was the best approach for such an evaluation. As this is not a meta-analysis, it is unlikely that the inclusion of a systematic review will skew our results as they were mainly descriptive in manner.

Thank you again for taking interest in our study as well as drawing attention to key limitations. We agree that the lack of grey literature inclusion in addition to the selection of English and French articles may have contributed to

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publication and language bias. Although these factors do emphasize the limitation to our study, our review provides a summarization of the current literature on postoperative mortality rates (POMRs) for acute abdominal injuries in LMICs. Despite this, additional studies are needed to fully identify the use and potential of POMRs in LMICs not only for acute abdominal surgery but all surgical procedures.

Respectfully,

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References

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