

**Author's reply: Outcomes of first-line endoscopic management for patients with sigmoid volvulus**

Dear Editor,

Thank you for giving us the opportunity to answer Pr Atamanalp's useful comments. The experience from Pr Atamanalp's center is impressive and reflects the evolution of sigmoid volvulus management.

Pr Atamanalp questions the relevance of the comparison between the 'elective surgery' group and the 'no surgery' group, due to the retrospective nature of the study.

The relatively low frequency of the disease makes difficult any prospective randomized study with a sufficient number of patients. This observational study thus provides a picture of the population of sigmoid volvulus in France. A propensity score matching would have been useful to determine whether survival was mostly influenced by surgery. However, the small number of patients would have compromised the quality of a propensity score matching. Interestingly, the high mortality rate in the 'no surgery' group was mainly due to sigmoid volvulus, while the non-volvulus-related death was not significantly different in both groups.

The second comment of Pr Atamanalp raises the difficulties to define good candidates for elective surgery. The justification of a conservative attitude was not available in our analysis, however, demographic and clinical data tends to suggest that age, medical history and autonomy were considered by surgeons, when surgery was discussed. As suggested in the discussion, elective surgery should be discussed after a standardized geriatric assessment [1]. Percutaneous endoscopic sigmoidopexy is a promising option in

frail patients, however the current level of evidence is weak, including mostly case series and observational studies [2].

In the final part of his comment, Pr Atamanalp highlights the high rate of early recurrences following tube placement. It is indeed frequent to have recurrences during the same hospitalization.

We thank Pr Atamanalp for his interest in our work.

**Conflict of interest**

None declared.

**References**

- [1] Oresanya LB, Lyons WL, Finlayson E. Preoperative assessment of the older patient: a narrative review. *JAMA* 2014;311:2110–20.
- [2] Frank L, Moran A, Beaton C. Use of percutaneous endoscopic colostomy (PEC) to treat sigmoid volvulus: a systematic review. *Endosc Int Open* 2016;4:E737–41.

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