adult presentation. Nevertheless, the true incidence and natural history of pediatric-onset PBC remains to be defined. By raising awareness of pediatric-onset PBC, further cases may be diagnosed.

Informed patient consent

The patient gave informed consent to publication of this letter.

Conflicts of interest

None declare.

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Comment on 'Outcomes of first-line endoscopic management for patients with sigmoid volvulus'

Dear Editor,

I have read with interest the article written by Queneherve et al. [1], who reported a comparison of the prognosis between elective surgery and conservative treatment following endoscopic detorsion in sigmoid volvulus (SV). SV is a rare disease worldwide, but it is endemic in Eastern Anatolia, where I practice [2]. We have experience with 1018 cases of SV over a 52.5-year period between June 1966 and January 2019, which represents the largest single-center SV series worldwide according to the literature in the Web of Science [3]. In light of our comprehensive experience, I would like to discuss the above data for the compared groups, the details of the elective surgery, and the recurrence rates.

First, due to the retrospective nature of the study, the distribution of the patients in groups that employed treatment with elective sigmoidectomy or conservative management was not randomized. As can be seen, there were statistically significant differences between some parameters of the two groups, including mean ages (61 years vs. 76 years, respectively, p = 0.006) and comorbidities (16% vs. 45%, respectively, p = 0.018). Although the results of this study led to some opinions regarding the treatment of SV, the performance of a propensity score-matching analysis, if possible, may supply more realistic results. Nevertheless, as a result of the study, Queneherve et al. [1] have recommended elective surgery as soon as possible after the first episode of SV, similar to common opinion [4]. Our findings support this idea, as 0.0% mortality, 12.4% morbidity and 0.0% recurrence rates were achieved in 113 patients who were treated with elective sigmoid colectomy.

Second, although most authors suggest elective surgery in some selected patients with successful endoscopic detorsion in SV [5], the main concern is to describe certain selection criteria for elective surgery, which, unfortunately, is not a well-discussed subject either in the present study or in the literature [3]. In my experience, age and the American Society of Anesthesiologists (ASA) physical status classification of patients have important roles in decision making. In practice, I perform elective surgery with an estimated mortality rate of 4.3% in patients who are under 70 years of age and in ASA Classes I-III [4]. However, my recent preference has been laparoscopic elective surgery due to its well-known advantages.

Finally, it is not easy to explain the relatively high early recurrence rate (25%) of patients who were treated with sigmoid tube placement following endoscopic detorsion in the present series. In our series, the rate of early recurrence during the hospitalization period was only 4.9% in 566 cases decompressed by endoscopy. Although a tube is traditionally inserted in the sigmoid colon to prevent recurrence in SV, I actually query the necessity and utility of this procedure. In my experience, as an alternative, a repeater sigmoidoscopy may be preferable in recurrent SV cases.

I congratulate the authors and I look forward to their responses and opinions regarding my comments.

Conflict of interest

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