



ELSEVIER

Contents lists available at ScienceDirect

## International Journal of Surgery

journal homepage: [www.elsevier.com/locate/ijjsu](http://www.elsevier.com/locate/ijjsu)

## Reply

## Reply letter to: Emergency general surgery - is there any value in a '100 most cited' list?



## ARTICLE INFO

## Keywords:

Bibliometrics

Emergency abdominal surgery

Citations

## Dear Editor,

Thank you for the letter by Professor Kjetil Soreide regarding our article entitled: The 100 most cited manuscripts in emergency abdominal surgery: A bibliometric analysis (1) The author(s) of the letter "Emergency general surgery - is there any value in a '100 most cited' list" call for a more tempered conclusion to the original analysis. Although controversial, citations remain the foundation of research appraisal. Whilst there may arguably be better alternatives, such as AltMetrics [2], citation numbers form the basis of impact factor which influences the Research Excellence Framework (REF) in the United Kingdom. Ergo, by identifying the most frequently cited articles in the arena of emergency abdominal surgery, will by definition highlight the articles with the greatest potential impact, and therefore by inference the articles with the most academic reach and influence within this surgical specialty.

The author(s) refer to the methodology, apparently seeking enhanced clarity. Yet, the abstract and the methodology section explicitly stated that the search terms Emergency, Abdom\* and Surg\* were used to interrogate the Thompson Reuters Web of Science database. In response to the author(s) specific questions: All years were included, and non-English language articles were excluded, as were those unrelated to emergency abdominal surgery. MeSH terms are not assigned by authors and therefore it is possible for even the most robust of search methodologies to miss articles of possible relevance; a limitation common to all systematic review studies.

Emergency abdominal surgery was defined as any article related to an emergency abdominal disease process whether infective, inflammatory or trauma. The author(s) position regarding the inclusion and exclusion of specific manuscripts highlights the nature of bibliometric analyses rather than equating to an inherent limitation of the study. For instance, the impact of a paper is dynamic and it is possible for articles to enter or leave the 'top 100 cited' across different time frames, a feature akin to infinite game theory. Given the relatively recent emergence of emergency abdominal surgery as a subspecialty of general surgery, a decision was made to use broad search terms, in order to ensure the identification of all manuscripts relating to Emergency Abdominal Surgery. Moreover, any reasonable observer

would surely agree that the surgical management of anastomotic leaks and fistulae should be classified as emergency conditions given the acute nature of their clinical presentations.

Each article should be appraised on its merits and this bibliometric study was never intended or sold as a review of the whole literature of emergency general surgery, but rather a bibliometric analysis of Emergency Abdominal Surgery's 100 most cited manuscripts. Any review article is limited by its search terms and using 'emergency general surgery' as suggested by the author(s) may explain the differences observed between our returned manuscript list and their expected list. In fact the author(s) use the terms 'general surgery' or 'emergency general surgery' throughout their letter, which may explain any disparities in ideas and expectations. It is nevertheless a salient point that trends exist in what is considered important related to different time frames and this was controlled for by means of a citation rate index [1]. This revealed a different 'top 10' compared with citations alone and more closely reflects what is contemporary. It is not surprising that these manuscripts related to sepsis, trauma, resuscitation, management of haemorrhage, and the use of laparoscopy in abdominal emergencies. The methodology presented in the manuscript is similar to the other 8 manuscripts published by this group on a host of medical topics, which have received 47 citations within a 2 years period [1–9], with the Gastric cancer bibliometric analysis receiving 20 citations since publication [6]. This confirms the popularity and the importance of these bibliometric analyses in general, which and clearly declares a definitive value to the medical and scientific community.

**Ethical approval**

Ethical approval not required as this is a response letter to our article.

**Sources of funding**

None.

DOI of original article: <https://doi.org/10.1016/j.ijjsu.2019.01.022>

<https://doi.org/10.1016/j.ijjsu.2019.02.003>

Received 31 January 2019; Accepted 4 February 2019

Available online 10 February 2019

1743-9191/ © 2019 IJS Publishing Group Ltd. Published by Elsevier Ltd. All rights reserved.

**Conflicts of interest**

None.

**Research registration number**

N/A.

**Guarantor**

Professor Wyn Lewis and Dr Arfon Powell.

**Provenance and peer review**

Not Commissioned, internally reviewed.

**References**

- [1] T. Ellul, N. Bullock, T. Abdelrahman, A.G.M.T. Powell, J. Witherspoon, W.G. Lewis, The 100 most cited manuscripts in emergency abdominal surgery: a bibliometric analysis, *Int. J. Surg.* 37 (2017) 29–35.
- [2] A.G.M.T. Powell, V. Bevan, C. Brown, W.G. Lewis, Altmetric versus bibliometric perspective regarding publication impact and force, *World J. Surg.* 42 (2018) 2745–2756, <https://doi.org/10.1007/s00268-018-4579-9>.
- [3] A.H. Matthews, T. Abdelrahman, A.G.M.T. Powell, W.G. Lewis, Surgical education's 100 most cited articles: a bibliometric analysis, *J. Surg. Educ.* 73 (2016) 919–929.
- [4] K.G. Foley, A. Powell, W.G. Lewis, S.A. Roberts, The 100 most cited articles investigating the radiological staging of oesophageal and junctional cancer: a bibliometric analysis, *Insights Imaging* 7 (2016) 619–628.
- [5] K.L. Mellor, A.G.M.T. Powell, W.G. Lewis, Laparoscopic surgery's 100 most influential manuscripts: a bibliometric analysis, *Surg. Laparosc. Endosc. Percutaneous Tech.* 28 (2018) 13–19.
- [6] A.G.M.T. Powell, D.L. Hughes, J.R. Wheat, W.G. Lewis, The 100 most influential manuscripts in gastric cancer: a bibliometric analysis, *Int. J. Surg.* 28 (2016) 83–90.
- [7] A.G. Powell, D.L. Hughes, J. Brown, M. Larsen, J. Witherspoon, W.G. Lewis, Esophageal cancer's 100 most influential manuscripts: a bibliometric analysis, *Dis. Esophagus* 30 (2017) 1–8.
- [8] D. Hughes, I. Hughes, A. GMT Powell, B. Al-Sarireh, C. Author, Intraductal papillary mucinous neoplasm's 100 most significant manuscripts: a bibliometric analysis, *Int J Hepatobiliary Pancreat Dis Int J Hepatobiliary Pancreat Dis [Internet]* 8 (2018) 1–11. Available from: [www.ijhpd.com](http://www.ijhpd.com).
- [9] D.B.T. Robinson, L. Hopkins, C. Brown, T. Abdelrahman, A.G. Powell, R.J. Egan, et al., Relative value of adapted novel bibliometrics in evaluating surgical academic impact and reach, *World J Surg [Internet]* (2018 Dec 18), <https://doi.org/10.1007/s00268-018-04893-w> [Epub ahead of print]; Available from: <http://www.ncbi.nlm.nih.gov/pubmed/30564922>.

Arfon G.M.T. Powell\*

*Division of Cancer & Genetics, Cardiff University, Heath Park, Cardiff,  
CF14 4XW, UK*

*E-mail address: [powella16@cardiff.ac.uk](mailto:powella16@cardiff.ac.uk).*

Thomas Ellul

*Department of Surgery, University Hospital of Wales, Heath Park, Cardiff,  
CF14 4XW, UK*

Nicholas Bullock

*Department of Surgery, University Hospital of Wales, Heath Park, Cardiff,  
CF14 4XW, UK*

Wyn G. Lewis

*Department of Surgery, University Hospital of Wales, Heath Park, Cardiff,  
CF14 4XW, UK*

\* Corresponding author. Division of Cancer Genetics, Cardiff University, University Hospital of Wales, Heath Park, Cardiff, United Kingdom.