International Journal of Surgery 67 (2019) 93

Contents lists available at ScienceDirect

International Journal of Surgery

journal homepage: www.elsevier.com/locate/ijsu

Letter to the Editor

"Reply letter to: Letter to the Editor: Is mean platelet volume a diagnostic marker in patients with acute mesenteric ischemia?"

Dear Editor

We write this correspondence in response to the Letter to the Editor concerning our article titled "Diagnostic accuracy of hematological parameters in Acute mesenteric ischemia-A systematic review" [1].

First, we thank the authors for their interest in our work and we tend to agree with their letter that the mean platelet volume (MPV) cannot be used as a diagnostic marker for acute mesenteric ischemia (AMI). However, they explained that we concluded MPV to have a high specificity in the diagnosis of AMI, whereas we only made a statement that specific markers such as MPV and neutrophil lymphocyte ratio (NLR) have higher specificities than the classical hematologic markers. As a matter of fact, based on our analysis the specificity of MPV in diagnosing AMI revolved around 71%, which is not particularly high.

Furthermore, in our discussion on the role of MPV in the diagnosis of AMI, we questioned whether increase in MPV is due to the presence of associated comorbidities or to AMI per se. Also, based on the conflicting results on our review of the studies, a low weighting for MPV should be considered in the diagnosis of AMI [2,3].

Finally, we emphasized the need for further prospective research to assess the potential of hematologic parameters, including MPV, in distinguishing AMI from other causes of acute abdomen. We also recommended testing for the prevalence and impact of vitamin B12 deficiency in this setting as a confounding factor that can influence the value of some markers such as RDW and MPV.

Given the pre- and post-analytical factors mentioned by the authors, in addition to the lack of standardization of laboratory parameters which can result in varying degrees of diagnostic weighting, we re-emphasized that currently there is not a gold standard test for AMI and emergency surgeons should place less emphasis on the normal values of hematological parameters when AMI is clinically suspected.

Provenance and peer review

Not Commissioned, internally reviewed.

Ethical approval

Not applicable.

Sources of funding

None.

Author contribution

None.

Conflicts of interest

None.

Research registration unique identifying number (UIN)

None.

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https://doi.org/10.1016/j.ijsu.2019.05.010
Received 18 May 2019; Accepted 21 May 2019
Available online 30 May 2019