



Editorial

Editor's perspectives – October 2019

The second most commonly used non-invasive surgical procedure is radiosurgery, or surgery using radiation. The treatment aims at destruction of a precisely selected area containing a lesion (usually cancer) using ionizing radiation, rather than surgical excision with a blade. Radiosurgery was first developed by the Swedish neurosurgeon Lars Leksell to treat small targets in the brain that were not amenable to conventional surgery. As Lars Leksell used a stereotactic technique, he defined radiosurgery as “using a single high dose fraction of radiation, stereotactically directed, to an intracranial region of interest” [1].

Technical improvements in medicine have led to a wider application of radiosurgery to treat tumours, vascular lesions and functional disorders of the central nervous system. Today, two radiosurgery programs are commercially available worldwide – the Gamma knife and the Cyberknife (a dedicated linear accelerator or Linac). The original concept of treatment has expanded to increase treatments comprising up to five fractions [2]. The types of radiation source include gamma radiation (for gamma knife), high energy X-rays (for Linac, e.g. Cyberknife), or proton beam (which is available in very few centers).

I shall talk about another form of non-invasive surgical procedure in the November 2019 issue of the Editor's perspective.

There are a lot of systematic reviews with or without meta-analysis in this October 2019 issue of the International Journal of Surgery. The systematic review and meta-analysis on the prognostic role of non-thyroidal illness syndrome in chronic renal failure concluded that a low T3 had a greater impact on the short term prognosis of patients with chronic renal failure than on the long-term prognosis. The non-thyroidal illness syndrome did not cause substantial renal damage. The meta-analysis on thermal ablation versus parathyroidectomy for secondary hyperparathyroidism concluded that both treatments were effective. However, when compared with parathyroidectomy, thermal ablation had a significantly less risk of hypocalcaemia, but increased risks of persistent and recurrent hyperparathyroidism. The meta-analysis conducted on randomized controlled studies concluded that Ketamine was effective in reducing pain and cumulative morphine consumption during the early post-operative period after total knee arthroplasty, and it was associated with a lower incidence of adverse effects. The updated diagnostic meta-analysis on bedside ultrasonography for acute appendicitis concluded that the use of this imaging technique provided superior diagnostic performance with a sensitivity of 90% and a specificity of 95%. The systematic review which was conducted to compare the effectiveness of laparoscopic Roux-en-Y gastric bypass and sleeve gastrectomy for morbid obesity showed the former procedure resulted in significantly greater percentage of total weight loss in the short- and long-terms follow-up. However, the latter procedure resulted in a higher percentage of total weight loss in the mid-term follow-up at 36 months after surgery. Finally the review article which was conducted on the indicators of impending pig kidney

and heart xenograft failure and their relevance to clinical organ xenotransplantation concluded that in clinical xenotransplantation, non-invasive parameters such as platelet count, fibrinogen level and serum amyloid A assay might provide more reliable indicators of impending xenograft failure than measurements of immune parameters or even of serum creatinine.

On original researches, there is a prospective comparative study on a novel hybrid fixation versus dual plating for both-bone forearm fractures in children between 10 and 16 years old. The study concluded that there was no significant difference between the two treatments. However, hybrid fixation had the advantages of small incision and less cost. There is also a cohort study on sagittal ankle for assessing ankle-joint stability in posterior malleolus fracture, and a retrospective cohort study on 422 patients with acute postoperative peritonitis.

In this October issue of the Journal, we are overwhelmed with ten commentaries on our published articles. There are two commentaries on “Short term efficacy of transvaginal specimen extraction for right colon cancer based on propensity score matching: A retrospective cohort study”; a commentary on “Surgical management and outcome of grade-C pancreatic fistulas after pancreaticoduodenectomy: A retrospective multicenter cohort study”; a commentary on “A systematic review and meta-analysis of risk factors for unruptured intracranial aneurysm growth”; a commentary on “Correlation between students' and trainers' evaluations while learning delegated surgical procedure: A prospective cohort study”; a commentary on “Comparison of totally laparoscopic total gastrectomy and laparoscopic-assisted total gastrectomy: A systematic review and meta-analysis”; a commentary on “FDG-PET predicted unfavorable tumor histology in living donor liver transplant recipients; a retrospective cohort study”; a commentary on “Use of endoscopic vein harvesting (EVH) during coronary artery bypass grafting in United Kingdom: The EVH survey?”; a commentary on “Ensuring safe surgical care across resource settings via surgical outcomes data & quality improvement initiatives”; a commentary on “Search for the best site in islet xenotransplantation”; a commentary on “Comparing weight loss outcomes by laparoscopic Roux-en-Y gastric bypass and sleeve gastrectomy; a systematic review and meta-analysis”; and finally a commentary on “Laparoscopic sleeve gastrectomy versus laparoscopic gastric bypass: A retrospective cohort study”. All these commentaries on articles published in the International Journal of Surgery showed that the readers of our Journal are serious when they go through the published articles, and they are ready to provide critical views on them.

In this October 2019 issue, there is a corrigendum to the article “Nigerian surgical outcomes – Report of a 7-day prospective cohort study and external validation of the African surgical outcomes study surgical risk calculators” published in *Int J Surg* 68 (2019) 148-56. The authors made a mistake in one of the names of the authors and would

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like the Journal to make a correction on this mistake.

This October 2019 issue is full of meta-analyses with or without systematic reviews. There are very few comparative studies and cohort studies. The issue is overwhelmed with commentaries on published articles. I would like to take this opportunity to invite our readers to submit more original research studies, especially on randomized comparative studies to our Journal. Other types of comparative studies and prospective cohort studies with adequate sample sizes are also welcome. I look forward to seeing more high quality research studies submitted to our Journal.

References

- [1] L. Leksell, *The stereotaxic method and radiosurgery of the brain*, *Acta Chir. Scand.* 120 (1951) 316–319.
- [2] Radiosurgery – wikipedia, <https://en.wikipedia.org/wiki/Radiosurgery>.

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