



Ambiguity about the volume of colloids administered in a clinical study of thoracic esophagectomy precludes conclusions on the renal safety of hydroxyethyl starch

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Dear Editor,

In a recent edition of *Surgery Today*, Fujita et al. [1] reported that hydroxyethyl starch 6% 130/0.4/9 (HES) was well tolerated in esophagectomy with 3-field lymph-node dissection. Acetate Ringer's solution was administered during esophagectomy, together with either human serum albumin (HSA) or HES. In the "Methods" section of the publication, it is stated that "a total of 100 mL of either HSA solution or HES 130/0.4/0 (Voluven®) solution was administered during the thoracic procedure (...) at 150–250 mL/h, dependent on the patient's status and the duration of the thoracic procedure". Since the total time of the thoracic procedure was 190.0 min in the HSA group and 177.2 min in the HES group, the statement that 100 mL was given as the total volume may be an error. If it is correct that the total volume given was 100 mL, then the mean duration of the infusion would have been only around 30 min, which we do not expect would have had hemodynamic efficacy at the given infusion rate. In that case, any conclusions about HES safety are irrelevant, as the usual minimum volume of

HES solution administered to adults is 500 mL. In order to draw meaningful conclusions from the study, readers need to know the true amounts of colloids that were administered.

Compliance with ethical standards

Conflict of interest CJW received lecture fees from and served as a consultant to CSL Behring (Germany) and Grifols (Spain).

Reference

1. Fujita T, Okada N, Horikiri Y, Sato T, Fujiwara H, Mayanagi S, et al. Safety and efficacy of hydroxyethyl starch 6% 130/0.4/9 solution versus 5% human serum albumin in thoracic esophagectomy with 3-field lymph nodes dissection. *Surg Today*. 2019. <https://doi.org/10.1007/s00595-018-1752-6>.

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