



Reply: Efficacy and safety of ultrasound-guided bedside percutaneous cholecystostomy using the transhepatic approach and trocar technique in patients with acute cholecystitis.

Ahmet Cem Demirşah¹

Berat Acu²

Çiğdem Öztunalı²

¹Dr. Halil İbrahim Özsoy Bolvadin State Hospital, Clinic of Radiology, Afyonkarahisar, Türkiye

²Osmangazi University Faculty of Medicine, Department of Radiology, Eskişehir, Türkiye

Dear Editor,

We appreciate the correspondent's comments¹ regarding our publication² on the efficacy and safety of ultrasound-guided bedside percutaneous cholecystostomy (PC) using the transhepatic approach and trocar technique in patients with acute cholecystitis.

First, regarding the statement about median survival in our study, we acknowledge the conventional definition of "median survival time" in standard survival analyses, which is the time point at which 50% of the entire study cohort has died.² It appears that the correspondent refers to the last paragraph of the results section of our study: "Twelve patients (14.8%) died during the ward follow-up period. The median post-procedural survival of the patient group who died during this period was 13.5 days."² As clearly stated in that paragraph, the survival time reported in our study is not the cohort's median survival time but rather the average post-procedure survival time of only 12 patients who died during post-PC follow-up in the ward. Our study did not aim to perform a median survival analysis for the entire cohort, and the manuscript does not report a median survival time for it. For these reasons, we disagree with the correspondent's claim of terminological confusion in our study.

Second, regarding the comparative statements on the Seldinger and trocar techniques in PC, we acknowledge that the need for multiple tract dilations applies only to the conventional Seldinger method;³ however, our study and all the references cited in it refer to the conventional, not the modified, Seldinger technique. We did not aim to compare conventional or modified Seldinger techniques with the trocar technique; no conclusions on this subject are included in the manuscript. Our study does not contain any statement that could support a conclusion of procedural superiority for the trocar technique, as the correspondent claims.

Footnotes

Conflict of interest disclosure

The authors declared no conflicts of interest.

References

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Corresponding author: Berat Acu

E-mail: beratacu@gmail.com

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