



Letter to the Editor regarding “Efficacy and safety of ultrasound-guided bedside percutaneous cholecystostomy using the transhepatic approach and trocar technique in patients with acute cholecystitis.”

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Dear Editor,

We read with great interest the article by Demirşah et al.¹ evaluating ultrasound-guided bedside percutaneous cholecystostomy using the transhepatic trocar technique in patients with acute cholecystitis. We would like to comment on two methodological aspects of the study.

First, regarding survival reporting, the authors state that the median post-procedural survival of patients who died during follow-up was 13.5 days. Although this value is statistically compatible with the reported 30- and 90-day mortality rates, the terminology used may be misleading. In survival analysis, median survival conventionally refers to the time point at which 50% of the entire study cohort has died. In the present study, only 12 of 81 patients (14.8%) died; therefore, a true median survival for the whole cohort cannot be calculated. The reported value appears to represent the median time to death among non-survivors, rather than the median survival of all patients. Clarifying this distinction would enhance the accuracy and interpretability of the reported outcomes.

Second, the authors suggest that avoiding multiple tract dilations—described as a requirement of the classical Seldinger method—may provide a technical advantage in the inflamed gallbladder when using the trocar technique; however, because the present study did not include a direct comparison between trocar and Seldinger approaches, the available data do not support conclusions regarding procedural superiority. Furthermore, recent refinements in the modified Seldinger technique (MST), which we routinely employ in daily practice, eliminate the need for multiple tract dilations. This modification shortens procedure time and may reduce the risk of bile leakage and other tract-related complications. These observations are consistent with the findings of Yalçın et al.,² who demonstrated that the MST achieves comparable safety with improved procedural efficiency compared with the conventional Seldinger technique.

We believe that addressing these points will strengthen the methodological clarity of the study and improve the interpretability of its conclusions.

Footnotes

Conflict of interest disclosure

The author declared no conflicts of interest.

References

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2. Yalçın AC, Danışman Ç, İslamoğlu N. Comparison of conventional vs. modified Seldinger technique in percutaneous cholecystostomy and evaluation of procedural efficiency and safety. *Genel Tıp Derg.* 2024;34(6):802-807. [\[Crossref\]](#)



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