## Letter to: Risk factors for conversion to open surgery in laparoscopic cholecystectomy: A single center experience

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## Dear Editor,

We read with great interest the original article by Sapmaz et al. which was recently published in this esteemed journal (1). This article highlights demographic characteristics for laparoscopic cholecystectomy surgeries and identifies the rate of conversion to open surgery as well as the risk factors behind its conversion. The article has great values, even the research scope is not too updated in this current era. Even so, we would like to suggest a few amendments which could make it more beneficial.

Firstly, we were hoping that Table 1 would be more extensive depicting the demographic characteristics and risk factors which are closely related to the possibility of conversion. We were hoping to see the analyses of certain trivial factors such as thickened gallbladder wall, diabetes mellitus, previous upper abdominal surgery, body mass index and surgeons' experience rather than just mere age and sex in Table 1 or just slightly touched it in Table 2 (2). Furthermore, Table 1 can be further improved by stating what statistical test was used for which variable with the appropriate t-value and chi square value as well as cross tabulations. Those variables that were not significant could also be included in the table as it is still relevant findings. One of the main significant findings was acute cholecystitis and risk of conversion to open surgery; however this was not tabulated and explained with appropriate statistical tests.

Secondly, the authors stated that they had recorded the data of patients' preoperative diagnosis, leucocytosis and CRP elevation, but that information was not portrayed in the results table. We feel it would be beneficial to include the aforementioned biochemical markers so that readers can grab the overview of the average severity. In addition, we believe that the proportion of two sexes in the study subjects is too skewed, with males only constituting 7.9%, so the difference in the rate of conversion to open surgery in the two sexes might not be inaccurate.

Thirdly, the authors did not mention whether there are any exclusion criteria prior to patient recruitment. Patients with such characteristics namely jaundice, pregnancy, cirrhosis of the liver, suspected or proven malignancy are possible to be excluded prior to the recruitment as they might be affecting the research progress (3).

Fourthly, we noticed a discrepancy in the duration of the study stated between the abstract and in the material and methods. List of references is slightly outdated; if possible the authors could include some latest references.

Lastly, we are suggesting that the authors can continue with multivariate analysis as there were significant findings from the initial analysis. By doing so, the analysis would be adjusted for confounders.

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