Minimal access surgery in children: Implementation of an innovating technique
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Re: Pyloromyotomy: randomized controlled trial of laparoscopic vs open technique

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Dear Editor,

With great interest we have been reading the article by Siddiqui et al. “Pyloromyotomy: randomized control trial of laparoscopic vs. open technique”. (JPS 2012;47:93-98)

We feel the need to discuss two important flaws in this study. First, randomisation has not been blinded but by date of birth. Remarkably, there are 30% more inclusions in the laparoscopic group (56) compared to the open group (42). As has been stated by the authors, many parents refused to participate. An explanation for the larger number of included laparoscopic patients could be the knowledge by the parents and treating physician to which group the patient would be included. This potential selection bias is decreasing the strength of the trial.

The authors should have explained the difference in number of patients per group and the reason they choose for this randomisation method, since there are far better ways to randomise (e.g. computer or sealed envelop).

Second, we disagree with the authors final conclusion “with clearly superior cosmetic results with a small increment in total hospital bill cost, one can easily make the argument for laparoscopic approach”. In theory they are right based on these results, however, the comparison of the two techniques is false. As the authors noted themselves, the umbilical approach to pyloromyotomy also provides superior cosmetic outcomes. That implies that the initial study outline is questionable.

The authors were aware of the superior cosmetic outcomes of the umbilical approach. However, they decided not to use this technique due to the lack of availability and the possible learning curve involved. As is known, there is also a learning curve in laparoscopic pyloromyotomy, but that has not been a reason to omit this technique. The comparison between the right upper quadrant incision and laparoscopic approach is debatable. The conclusion that one can easily make the argument for the laparoscopic approach is therefore not justified. The authors should have discussed that more extensively in their manuscript.