






# Letter to: Serial estimation of serum C-reactive protein and procalcitonin for early detection of anastomotic leak after elective intestinal surgeries: A prospective cohort study

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Dear Editor,

We read with great interest the original article by Aaron et al, which was recently published in this esteemed journal (1). The authors have concluded that C-reactive protein (CRP) on the third postoperative day can predict anastomotic leak, and any patient with raised CRP needs careful evaluation to rule out anastomotic leak before deciding on early discharge. We believe that there are few issues that need to be addressed in this article.

Firstly, we think that the title is slightly misleading as it stated that the sample collection was performed among elective intestinal surgeries. According to our understanding, intestinal surgery involves the operations of the small intestine and colon, however, the majority of the samples were taken from gastric and pancreaticobiliary cases (2). It is ideal to use gastro-intestinal rather than intestinal surgeries per se.

Secondly, we were quite perplexed at the data provided. It shows that the rate of anastomotic leak is 26.19%, which is quite high as compared to the literature (3). We believe that further detailed information needs to be displayed in the tabulated demography. Certain characteristics such as (a) benign or malignant diagnosis, (b) handsewn or stapler anastomosis, (c) operators either consultant, specialist or medical officers, (d) co-morbidities, and (e) nutritional status, are among the crucial information that can affect the findings. These factors may contribute to the rate of anastomotic leak postoperatively. In addition, the cause of death for mortality cases was not mentioned in the manuscript as well.

Finally, in Table 1, we were thinking about whether there was any cell with an expected value of less than 5 from the variable of age group and mortality, which we may suggest using another test like Fisher's exact test rather than the Chi-square test.

## REFERENCES

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