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Issue Information

Pages: 1697-1704 | First Published: 12 November 2020

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Needle point

Total neoadjuvant therapy for locally advanced rectal cancer: the fuse is lit

B. R. J. Healey Bird

Pages: 1705-1707 | First Published: 26 October 2020

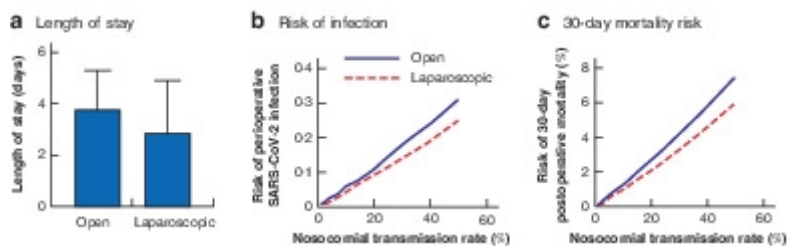
Explosively disrupting

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Rapid Research Communications

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Nosocomial SARS-CoV-2 transmission in postoperative infection and mortality: analysis of 14 798 procedures



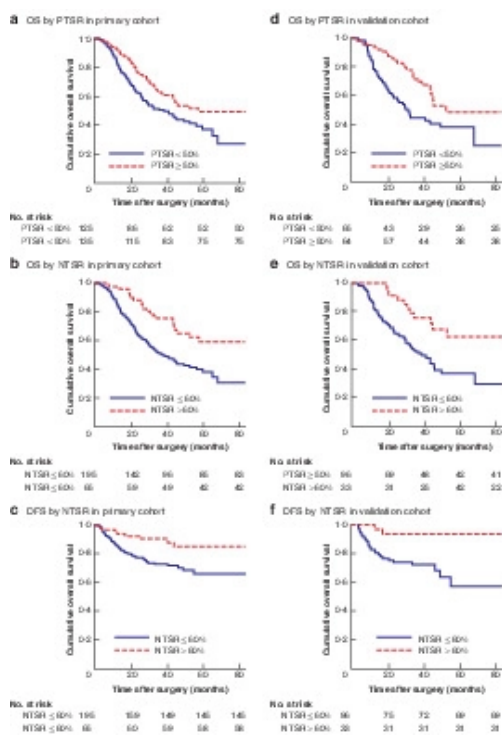
This study used a national administrative database to estimate perioperative SARS-CoV-2 infection risk, and associated mortality, relative to nosocomial transmission rates. The impact of nosocomial transmission was greatest after major emergency surgery, whereas laparoscopic surgery may be protective owing to reduced duration of hospital stay. Procedure-specific risk estimates are provided to facilitate surgical decision-making and informed consent. Estimated risks

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Open Access

Gastric cancer nodal tumour–stroma ratios influence prognosis

J. Huang B. Yang J. Tan S. Zhou Z. Chen G. Zhong H. Gao J. Zhu J. Zeng L. Zhong X. Liu F. Han



This study showed that nodal tumour–stroma ratio (NTSR) is an independent prognostic factor for overall and disease-free survival of patients with gastric cancer. Both relative stroma-rich primary tumour–stroma ratio (PTSR) and NTSR were independent negative prognostic factors for overall survival in gastric cancer. This study supports assessment of tumour–stroma ratio in the routine pathological diagnosis of gastric cancer. validated in node-positive disease

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Local recurrence after local excision of early rectal cancer: a meta-analysis of completion TME, adjuvant (chemo)radiation, or no additional treatment

S. E. van Oostendorp L. J. H. Smits Y. Vroom R. Detering M. W. Heymans L. M. G. Moons P. J. Tanis E. J. R. de Graaf C. Cunningham Q. Denost M. Kusters J. B. Tuynman

Pages: 1719-1730 | First Published: 16 September 2020

	Local recurrence					
	NAT		cTME		aCRT	
	Proportion of patients	Weighted average (%)	Proportion of patients	Weighted average (%)	Proportion of patients	Weighted average (%)
pT1	268 of 3060	6.1 (5.6, 6.6)	5 of 183	2.8 (1.2, 6.5)	34 of 386	4.8 (2.3, 9.8)
Low risk	75 of 1019	6.7 (4.8, 9.3)	0 of 28*	0	0 of 1*	0
High risk	44 of 282	13.8 (9.0, 22.0)	5 of 123	4.1 (1.7, 9.4)	10 of 254	3.9 (2.0, 7.5)
pT2	136 of 546	28.9 (22.3, 36.4)	3 of 70	4 (1, 13)	66 of 444	14.7 (11.2, 19.0)

This meta-analysis showed that patients who undergo no additional treatment after local excision of pT1–2 rectal cancer have a high risk of local recurrence, especially those with high-risk pT1 and pT2 lesions. The risk of local recurrence after adjuvant (chemo)radiotherapy for high-risk pT1 tumours seems to be similar to that after completion TME. For pT2 tumours, adjuvant (chemo)radiotherapy seems less effective than radical surgery. No additional therapy after local excision of pT1-2 associated with high risk of local recurrence

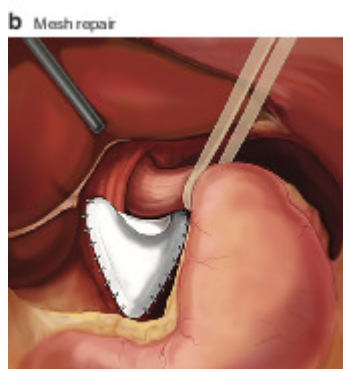
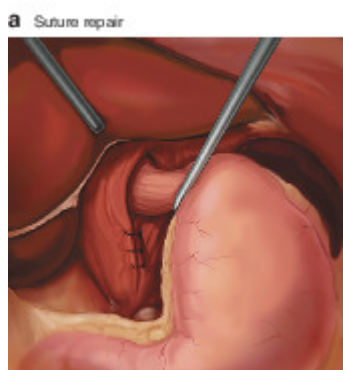
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Randomized clinical trials

Tension-free mesh *versus* suture-alone cruroplasty in antireflux surgery: a randomized, double-blind clinical trial

A. Analatos B. S. Håkanson L. Lundell M. Lindblad A. Thorell

Pages: 1731-1740 | First Published: 16 September 2020



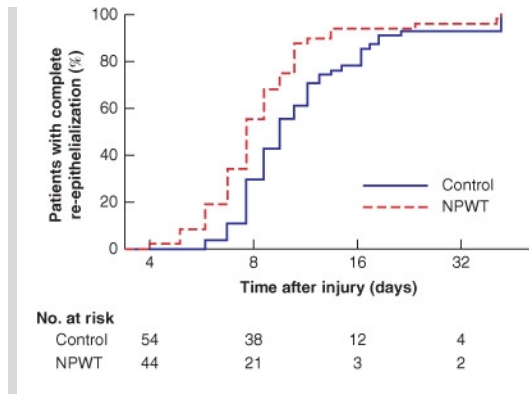
This RCT compared standardized, routine use of tension-free polytetrafluoroethylene mesh repair *versus* simple sutured cruroplasty repair of the diaphragmatic hiatus in type I hiatus hernia in patients with chronic gastro-oesophageal reflux disease scheduled for laparoscopic antireflux surgery. Rates of recurrent hiatus hernia were no different between groups. Mesh not beneficial

Open Access

Randomized clinical trial of negative pressure wound therapy as an adjunctive treatment for small-area thermal burns in children

C. C. Frear L. Cuttle S. M. McPhail M. D. Chatfield R. M. Kimble B. R. Griffin

Pages: 1741-1750 | First Published: 14 September 2020



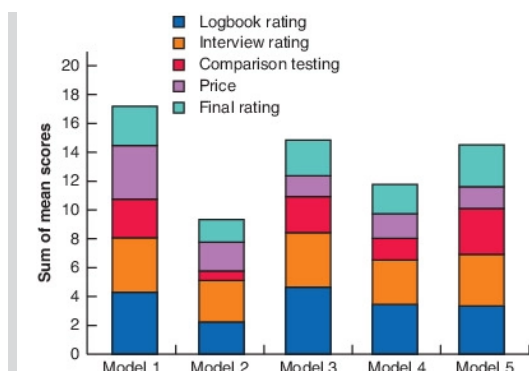
In this RCT, children with small-area thermal burns were randomized to standard silver-impregnated dressings or standard dressings in conjunction with continuous negative pressure wound therapy (NPWT). Adjunctive NPWT decreased time to re-epithelialization, with attendant improvements in dressing change requirements and scar management referrals. There were no statistically significant differences in pain, itch, or laser Doppler measures of perfusion. Negative pressure wound therapy hastens epithelialization

Original articles

The Lifebox Surgical Headlight Project: engineering, testing, and field assessment in a resource-constrained setting

N. Starr N. Panda E. W. Johansen J. A. Forrester E. Wayessa D. Rebollo A. August K. Fernandez S. Bitew T. Negussie Mammo T. G. Weiser

Pages: 1751-1761 | First Published: 27 June 2020



Poor surgical lighting represents a major patient safety issue in low-income countries, and currently there is no fit-for-purpose surgical headlight to meet the demands of this setting, both in terms of design and price. In this study, engineering testing of 14 surgical headlights, and field testing of five finalist candidate headlights with surgeons in Ethiopia, was undertaken to determine the best performing light and evaluate critical attributes for further design modifications. After testing in operating room working conditions and a head-to-head comparison test, one headlight was chosen that best fit design and cost preferences; this

headlight will undergo further design modifications and testing to develop a final product for wide distribution and improvement of surgical safety.

Bring the light

Open Access

Rates of re-excision and conversion to mastectomy after breast-conserving surgery with or without oncoplastic surgery: a nationwide population-based study

E. Heeg M. B. Jensen L. R. Hölmich A. Bodilsen R. A. E. M. Tollenaar A. V. Lænkholm B. V. Offersten B. Ejlersen M. A. M. Mureau P. M. Christiansen

Pages: 1762-1772 | First Published: 06 August 2020

Table 3 Univariable and multivariable logistic regression analysis of characteristics prediction of re-excision

	Re-excision		Oocyte resect		P1
	No (n = 15402)	Yes (n = 2763)	Univariable analysis (n = 18165)	Multivariable analysis (n = 18165)	
Type of surgery			1.00 (reference)	1.00 (reference)	<0.001
SCS	11 120 (84.4)	2037 (74.6)	1.00 (reference)	1.00 (reference)	
Volume displacement	3267 (85.2)	604 (21.9)	0.40 (0.63, 1.01)	0.40 (0.73, 0.80)	
Volume reduction	600 (88.7)	70 (25.3)	0.43 (0.48, 0.83)	0.40 (0.59, 0.86)	
Volume replacement	131 (79.1)	32 (20.9)	1.43 (0.87, 2.10)	1.18 (0.73, 1.72)	
Year of operation			1.00 (reference)	1.00 (reference)	0.002
2012	2269 (86.1)	372 (13.9)	1.00 (reference)	1.00 (reference)	
2013	2292 (86.3)	401 (14.7)	1.00 (reference)	1.00 (reference)	
2014	2203 (84.7)	421 (15.3)	1.12 (0.98, 1.28)	1.02 (0.89, 1.17)	
2015	2206 (84.1)	418 (15.9)	1.17 (1.02, 1.35)	1.10 (0.97, 1.25)	
2016	2144 (84.4)	369 (13.6)	1.12 (0.98, 1.27)	1.02 (0.87, 1.18)	
2017	2203 (84.1)	359 (13.5)	1.10 (1.02, 1.19)	1.01 (0.94, 1.08)	
2018	2233 (84.6)	349 (12.6)	1.15 (0.98, 1.31)	1.08 (0.91, 1.26)	
Age (years) ^a	61 (81.1)	88 (31.2)	0.89 (0.68, 0.89)	0.99 (0.68, 0.98)	<0.001
Clayton Comorbidity Index score			1.00 (reference)	1.00 (reference)	0.001
0	11 790 (84.8)	2187 (79.7)	1.00 (reference)	1.00 (reference)	
1	2143 (85.5)	352 (12.8)	0.80 (0.78, 0.89)	0.94 (0.83, 1.07)	
2	600 (88.0)	120 (44.0)	0.87 (0.73, 1.04)	0.98 (0.81, 1.19)	
≥3	225 (85.1)	56 (20.3)	0.55 (0.45, 0.70)	0.56 (0.32, 0.91)	
Histological finding			1.00 (reference)	1.00 (reference)	<0.001
Ductal	13 614 (85.4)	2142 (77.4)	1.00 (reference)	1.00 (reference)	
Lobular	1227 (80.4)	241 (88.1)	1.30 (1.02, 1.66)	1.40 (1.03, 1.90)	
Other	1269 (84.3)	239 (88.1)	1.39 (0.84, 1.26)	1.46 (1.03, 1.71)	
Unknown	16 (80.3)	3 (11.5)	1.17 (0.34, 4.05)	0.18 (0.04, 0.70)	
Differentiation grade			1.00 (reference)	1.00 (reference)	<0.001
I	4248 (85.3)	563 (20.7)	1.00 (reference)	1.00 (reference)	
II	6628 (85.7)	1000 (36.5)	1.30 (1.25, 1.46)	1.02 (1.19, 1.47)	
III	2141 (85.4)	606 (22.3)	1.32 (1.18, 1.48)	1.18 (1.04, 1.35)	
Not determined	1269 (84.3)	239 (88.1)	–	–	
Unknown	111 (84.7)	48 (17.6)	3.61 (0.66, 6.93)	3.68 (0.67, 6.32)	
Oestrogen receptor (%)			1.00 (reference)	1.00 (reference)	0.008
≥10	1002 (83.7)	370 (13.6)	1.10 (0.98, 1.24)	0.87 (0.86, 1.12)	
≥10	13 480 (88.8)	2277 (83.2)	1.00 (reference)	1.00 (reference)	
Unknown	32 (87.8)	15 (55.6)	0.70 (0.41, 0.91)	0.69 (0.68, 0.71)	
HER2 status			1.00 (reference)	1.00 (reference)	<0.001
Negative	13 775 (85.4)	2211 (80.4)	1.00 (reference)	1.00 (reference)	
Positive	1488 (88.1)	420 (15.3)	1.61 (1.18, 1.96)	1.60 (1.43, 1.77)	
Unknown	154 (82.6)	32 (11.5)	1.04 (0.64, 1.63)	0.90 (0.62, 1.30)	
T category			1.00 (reference)	1.00 (reference)	<0.001
T1	12 284 (88.8)	2010 (73.4)	1.00 (reference)	1.00 (reference)	
T2	3267 (81.7)	699 (25.6)	1.30 (1.24, 1.36)	1.39 (1.20, 1.60)	
T3	37 (43.5)	48 (56.4)	7.06 (5.13, 10.18)	7.16 (4.55, 11.18)	
Unknown	7 (85.0)	4 (48.4)	3.48 (1.52, 11.68)	2.68 (0.84, 10.01)	
N category			1.00 (reference)	1.00 (reference)	<0.001
N0	10 865 (86.8)	1784 (64.6)	1.00 (reference)	1.00 (reference)	
N1	3807 (88.0)	718 (26.3)	1.20 (1.14, 1.26)	1.00 (1.00, 1.23)	
N2	601 (77.4)	700 (25.6)	1.70 (1.62, 2.14)	1.01 (1.04, 1.60)	
N3	243 (77.4)	70 (25.4)	1.70 (1.34, 2.30)	1.39 (1.05, 1.84)	
Unknown	295 (88.6)	38 (13.8)	0.79 (0.68, 1.03)	0.75 (0.62, 1.00)	

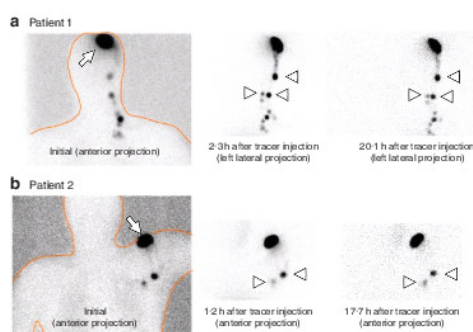
Compared with breast-conserving surgery, oncoplastic surgery results in a modest decrease in re-excision rates and less frequent conversion to mastectomy. Rates similar to breast-conserving surgery only

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Same-day or next-day sentinel node biopsy after lymphoscintigraphy for melanoma using ^{99m}Tc-labelled antimony sulphide colloid

J. F. Thompson K. London R. F. Uren T. E. Pennington R. P. M. Saw S. N. Lo

Pages: 1773-1779 | First Published: 21 August 2020

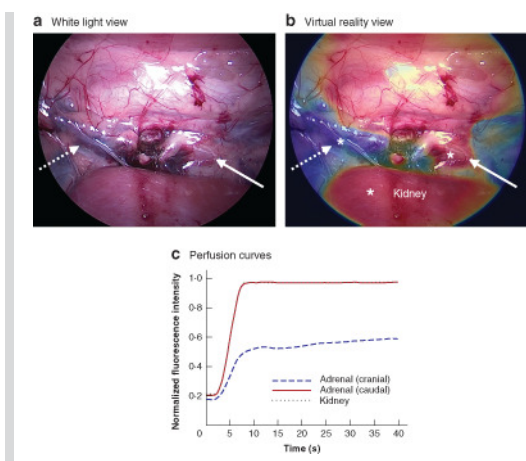


If ^{99m}Tc-labelled antimony sulphide colloid is used for lymphoscintigraphy in patients with melanoma, accurate intraoperative identification of sentinel nodes (SNs) during surgery the following day is possible and reliable using a γ detection probe because significant onward migration of tracer from SNs to second-tier nodes does not occur overnight. Consistent with this finding, no difference in melanoma-specific or overall survival was observed between patients having same-day or next-day SN biopsy procedures. However, the situation may be different when ^{99m}Tc-labelled albumin nanocolloid is the tracer used for preoperative lymphoscintigraphy; SN biopsy as soon as possible after lymphoscintigraphy is likely to be required if accurate intraoperative SN identification is to be achieved. Use nanocolloid same day only?

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Intraoperative imaging for remnant viability assessment in bilateral posterior retroperitoneoscopic partial adrenalectomy in an experimental model



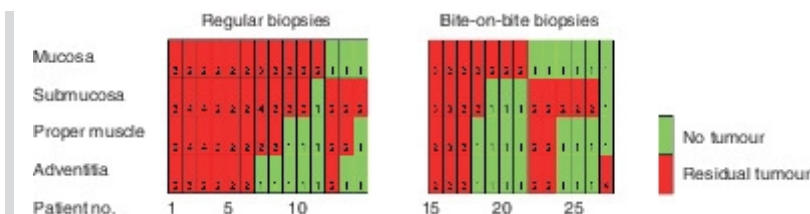
Currently, the minimal functional adrenal remnant size, and the impact of intraoperative imaging technologies on remnant function after partial adrenalectomy, is unknown. In the present experimental study, intraoperative perfusion assessment, using quantitative fluorescence imaging, confocal laser endomicroscopy and contrast-enhanced CT, enabled identification of gland segments at risk. Mitochondrial function essential for steroidogenesis was preserved in all adrenal segments in this model of partial adrenalectomy.
Ready for translation?

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Residual disease after neoadjuvant chemoradiotherapy for oesophageal cancer: locations undetected by endoscopic biopsies in the preSANO trial

B. J. van der Wilk B. M. Eyck M. Doukas M. C. W. Spaander E. J. Schoon K. K. Krishnadath
L. E. Oostenbrug S. M. Lagarde B. P. L. Wijnhoven L. H. J. Looijenga K. Biermann
J. J. B. van Lanschot



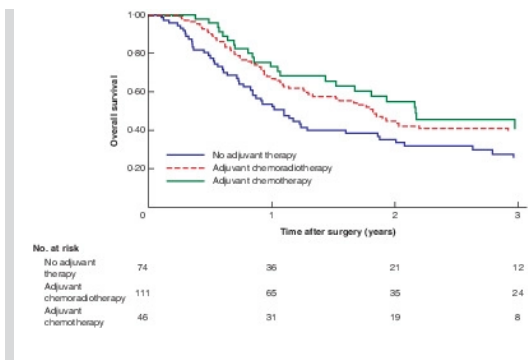
Remnant cancer missed by endoscopic biopsies was located in the mucosa in two-thirds of patients with residual disease after neoadjuvant chemoradiotherapy (nCRT). One-third of patients had residual disease in the submucosa underneath a tumour-free mucosa. The yield of biopsies in active surveillance after nCRT could be improved by sampling larger areas of oesophageal mucosa and using biopsies targeting the submucosa.
What lies beneath

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Adjuvant therapy following oesophagectomy for adenocarcinoma in patients with a positive resection margin

R. K. Bott K. Beckmann J. Zylstra M. J. Wilkinson W. R. C. Knight C. R. Baker M. Kelly N. Maisey
A. Qureshi T. Sevitt M. Van Hemelrijck E. C. Smyth W. H. Allum J. Lagergren J. A. Gossage
D. Cunningham A. R. Davies Guy's and St Thomas' Oesophagogastric Research Group



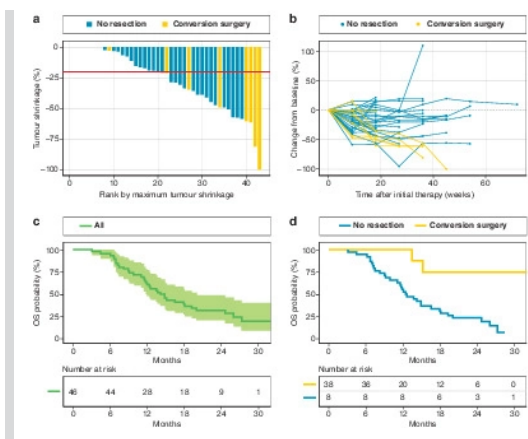
In UK practice, surgical resection margin status is often used to stratify patients for receipt of adjuvant treatment. This cohort study suggested both an overall and recurrence-free survival benefit following adjuvant therapy in patients with positive margins, who had undergone neoadjuvant chemotherapy and resectional surgery for oesophageal adenocarcinoma. The benefit seemed greater with adjuvant chemoradiotherapy and in poor responders to neoadjuvant chemotherapy. Decreases recurrence and improves survival

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Phase I/II study of adding intraperitoneal paclitaxel in patients with pancreatic cancer and peritoneal metastasis

S. Yamada T. Fujii T. Yamamoto H. Takami I. Yoshioka S. Yamaki F. Sonohara K. Shibuya F. Motoi S. Hirano Y. Murakami H. Inoue M. Hayashi K. Murotani J. Kitayama H. Ishikawa Y. Kodera M. Sekimoto S. Sato

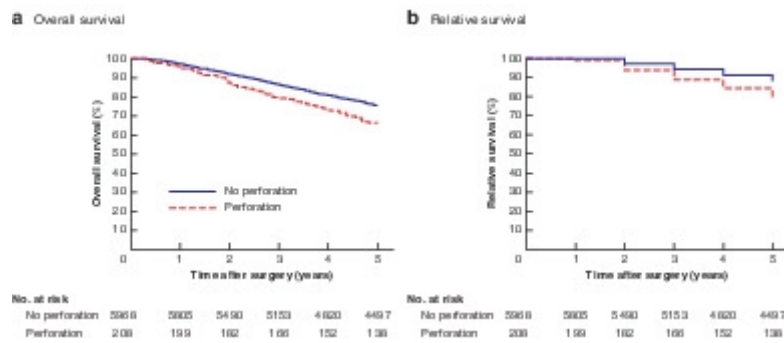


This multicentre phase I/II study was undertaken to determine the recommended dose of the combination of intravenous gemcitabine, intravenous nab-paclitaxel and intraperitoneal paclitaxel in patients with pancreatic ductal adenocarcinoma and peritoneal metastasis, and to evaluate its clinical efficacy and safety. This regimen exhibited promising clinical efficacy, with acceptable tolerability. Effective and safe in pancreatic cancer

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Impact of rectal perforation on recurrence during rectal cancer surgery in a national population registry

F. Jörgren M.-L. Lydrup P. Buchwald



Incidental perforation remains a significant risk factor for local recurrence even with optimized management of rectal cancer. This must be considered when discussing adjuvant treatment and follow-up.

Increases local recurrence

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Snapshot quiz

Snapshot quiz

Pages: 1825 | First Published: 12 November 2020

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Original articles

Surveillance pouchoscopy for dysplasia: Cleveland Clinic Ileoanal Pouch Anastomosis Database

A. L. Lightner P. Vaidya S. Vogler J. McMichael X. Jia M. Regueiro T. Qazi S. R. Steele J. Church

Pages: 1826-1831 | First Published: 20 July 2020

Table 5 Largest series of ileal pouch–anal anastomosis neoplasia

Reference	No. of patients	Dysplasia in pouch	Dysplasia in ATZ	Cancer arising from pouch	Cancer arising from ATZ
Denko et al. ¹⁸	1200	5	3	0	10
Kahn et al. ²²	3203	2	16	3	10
Present series	3572	0	7	1	5
Overall	8075	7 (0.08)	26 (0.32)	4 (0.05)	25 (0.31)

Pouchoscopy has long been used as a surveillance tool for pouch neoplasia after ileal pouch–anal anastomosis (IPAA). The rate of neoplasia remains largely unknown. In this study, the highest risk was in patients with cancer in the anal transition zone at the time of IPAA.

Not needed routinely

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C-reactive protein trajectory to predict colorectal anastomotic leak: PREDICT Study

B. D. Stephensen F. Reid S. Shaikh R. Carroll S. R. Smith P. Pockney
on behalf of the PREDICT Study Group collaborators

Pages: 1832-1837 | First Published: 16 July 2020

Table 4 Diagnostic indices for ability of daily C-reactive protein change exceeding 50 mg/l to predict anastomotic leak requiring intervention

Timing of CRP increase > 50 mg/l	Sensitivity	Specificity	PLR	NLR	PPV	NPV
Between any 2 days	0.85	0.51	1.75	0.29	0.08	0.99
From day 1 to day 2	0.63	0.57	1.48	0.64	0.07	0.97
From day 2 to day 3	0.32	0.90	3.10	0.76	0.14	0.96
From day 3 to day 4	0.20	0.96	4.99	0.84	0.21	0.96
From day 4 to day 5	0.17	0.97	6.44	0.85	0.25	0.96

C-reactive protein (CRP) trajectory is accurate for ruling out anastomotic leak after colorectal surgery, and can provide reassurance for early discharge. Biomarkers help

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Conditional risk of diverticulitis after non-operative management

R. Garfinkle T. Almalki V. Pelsser P. Bonaffini C. Reinhold N. Morin C.-A. Vasilevsky A. S. Liberman M. Boutros

Pages: 1838-1845 | First Published: 02 September 2020

Table 1 Patient, radiological and treatment characteristics of patients with and without recurrent diverticulitis

	Recurrence (n = 323)	No recurrence (n = 686)	P†
Patient details			
Age (years)*	61.0 (59.0–72.0)	62.0 (51.0–73.0)	0.2611
Sex ratio (M : F)	156 : 167	314 : 355	0.302
CCI score			<0.001
0	161 (50.0)	429 (64.1)	
1	59 (18.2)	86 (12.8)	
≥2	125 (38.8)	154 (23.0)	
Immunosuppression	81 (25.0)	65 (9.7)	<0.001
Previous diverticulitis	56 (17.3)	44 (6.6)	0.018
Radiological details			
Location			0.124
Sigmoid colon	208 (64.4)	413 (60.2)	
Descending colon	79 (24.5)	147 (21.4)	
Both	36 (11.2)	107 (15.6)	
Length of inflammatory segment (cm)*	61.0 (55.0–69.0)	57.0 (44.0–76.0)	0.0182
Length of colon involved > 5 cm	219 (68.0)	411 (60.0)	0.069
Thickness of inflamed colonic wall (mm)*	10.8–12	10.7–12	0.0642
Extraluminal air	64 (19.8)	127 (18.5)	0.801
Phlegmon	9 (2.8)	35 (5.1)	0.069
Abscess	53 (16.4)	79 (11.5)	0.019
Treatment			
WCC (x 10 ⁹ /l)*	11.3 (9.0–13.7)	11.4 (8.0–14.2)	0.7402
Pericolicocolic drain	16 (5.0)	35 (5.1)	0.682

Conditional recurrence-free survival for diverticulitis improved with each year survived recurrence-free. Although several factors at index presentation may be associated with early recurrence, the conditional probability of recurrence according to many of these risk factors converges with time. Operation unnecessary

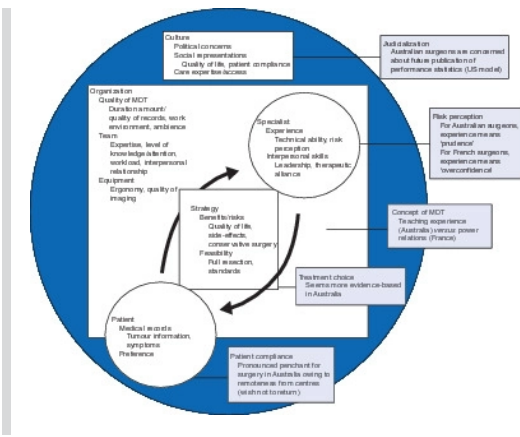
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International variation in managing locally advanced or recurrent rectal cancer: prospective benchmark analysis

Q. Denost M. Solomon J.-J. Tuech L. Ghouti E. Cotte Y. Panis B. Lelong P. Rouanet J.-L. Faucheron M. Jafari J. H. Lefevre E. Rullier A. Heriot K. Austin P. Lee W. Brown H. Maillou-Martinaud H. Savel B. Quintard G. Broc F. Saillour-Glénisson

Pages: 1846-1854 | First Published: 12 August 2020

An international benchmark trial of the management of ymrT4 and locally recurrent rectal cancer was undertaken in France and Australia between 2015 and 2017. This trial highlights the differences in worldwide treatment of locally advanced and locally recurrent rectal cancer. Standardized care should improve outcomes for these patients. Differences worldwide



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Tweets of the month

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This month on Twitter

R. C. Grossman

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Scientific surgery

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Scientific Surgery December 2020 BJS

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Research Letters

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Underwater-seal evacuation of surgical smoke in laparoscopy during the COVID-19 pandemic: A feasibility report of a simple technique

Hosam Hamed MD

Pages: e640-e641 | First Published: 03 October 2020

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The Top 20 Surgical Procedures Associated with the Highest Risk for Blood Transfusion

Joshua Montroy MSc Luke T Lavallée MD MSc Ryan Zarychanski MD MScDean Fergusson PhD
Brett Houston MD Ilias Cagiannos MD Chris Morash MDAlan Tinmouth MD MSc Brian Hutton PhD
Ranjeeta Mallick PhD Anathea Flaman PhDRodney H. Breau MD MSc

Pages: e642-e643 | First Published: 03 October 2020

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Favourable perioperative outcomes for children with SARS-CoV-2

Dmitri Nepogodiev

Pages: e644-e645 | First Published: 19 October 2020

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Willingness of patients to attend abdominal aortic aneurysm surveillance: The implications of COVID-19 on restarting the National Abdominal Aortic Aneurysm Screening Programme

WG Selway KM Stenson PJ Holt IM Loftus

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The intra-hepatic venous network in liver cirrhosis

A. Manenti L. Roncati G. Manco A. Farinetti

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Author response to: The intra-hepatic venous network in liver cirrhosis

Christian Hobeika Olivier Soubrane François Cauchy

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Comment on: Personal protective equipment (PPE) for surgeons during COVID-19 pandemic: systematic review of availability, usage and rationing

Vikesh Agrawal Dhananjaya Sharma

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Comment on: Right hepatic venous system variation in living donors: a three-dimensional CT analysis

Jin-yu Lin Chi-hua Fang Jian Yang

Pages: e651-e652 | First Published: 07 October 2020

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Author response to: Comment on: Right hepatic venous system variation in living donors: a three-dimensional CT analysis

Akira Watanabe MD, PhD Norifumi Harimoto MD, PhD Kimitaka Kogure MD, PhD
Ken Shirabe MD, PhD

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Comment on: COVID-19 outbreak and the practice of surgery: do we need to change?

Vikesh Agrawal MS, MCh Riti Seth MD Sanjay Kumar Yadav MS, MCh
Dhananjaya Sharma MS, PhD, DSc, FRCS

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Why was selective histopathological examination after cholecystectomy implemented suboptimally?

Wen-Jie Ma Rong-Xing Zhou

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Author response to: Why was selective histopathological examination after cholecystectomy implemented suboptimally?

Vivian P Bastiaenen MD Willem A Bemelman MD, PhD.

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Patient-reported chronic pain after open inguinal hernia repair with lightweight or heavyweight mesh: a prospective, patient-reported outcomes study

Junsheng Li M.D.

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Comment on: Laparoscopic versus Open Colorectal Surgery in the Acute Setting (LaCeS Trial): A Multicentre Randomized Feasibility Trial

Olivia Spence Giordano Perin Saba P Balasubramanian On behalf of CRAMsurg

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Author response to: Comment on: Laparoscopic versus Open Colorectal Surgery in the Acute Setting (LaCeS Trial): A Multicentre Randomized Feasibility Trial

Deena Harji

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Comment on: Critical appraisal of an article: Closure of the fascial defect during laparoscopic umbilical hernia repair: a randomized clinical trial

H.K. Ramakrishna M.C. Swarnalatha

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Author response to: Comment on: Closure of the fascial defect during laparoscopic umbilical hernia repair: a randomized clinical trial

Mette Christoffersen Thue Bisgaard

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Comment on: Frailty in older patients undergoing emergency colorectal surgery: USA National Surgical Quality Improvement Program analysis

Qiang Hu Yuanshui Sun Xiyin Yang

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Author response to: Comment on: Frailty in older patients undergoing emergency colorectal surgery: USA National Surgical Quality Improvement Program analysis

H. L. Simon D. S. Keller

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Suggestions for improving N staging of gallbladder carcinoma

Yanwen Jin Wei Gao Fuyu Li

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Comment on: Randomized clinical trial of pancreaticogastrostomy versus pancreaticojejunostomy on the rate and severity of pancreatic fistula after pancreaticoduodenectomy

Sandeep Bhorawal Sunil Kumar Ashutosh Mishra Naveen Kumar

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Khalid Ahmed Mohammed Aldosouky Syed Muhammad Ali Zia Aftab Ahmad Zarour

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Comment on: SARS-Cov-2 in peritoneal fluid: an important finding in the Covid-19 pandemic

Dario Tartaglia PhD, MD Federico Coccolini MD Massimo Chiarugi MD, FACS

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Author response to: Comment on: SARS-Cov-2 in peritoneal fluid: an important finding in the Covid-19 pandemic

Andrea Barberis MD Mariangela Rutigliani MD Fiorenza Belli MD Enrico Ciferri MD Marco Mori MD Marco Filauro MD

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Role of lung ultrasound in patients requiring emergency surgery during COVID-19 Pandemic

Gioia Brachini Paolo Sapienza Bruno Cirillo Giovanni Battista Fonsi Daniele Crocetti Andrea Mingoli

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Modelling centralization of pancreatic surgery: some additional considerations

Luca Gianotti

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Author response to: Modelling centralization of pancreatic surgery: some additional considerations

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