Conversion from laparoscopic to open cholecystectomy

Sir,

I read the article by Tayeb et al[1] with interest. Even though the authors have identified the majority of risk factors for conversion to open cholecystectomy, I don’t know why the sex of the patient was not considered. Male gender has been a significant risk factor for a high conversion rate in majority of the studies.[2,3] Another factor is the time of surgery from the onset of symptoms. Patients undergoing intervention within 48 hours of the onset of symptoms experience a lower conversion rate to an open procedure.[4] A study from Belgium highlighted that preoperative C reactive protein serum level less than 10 mg% represent the best candidates for laparoscopic surgery.[5]

In another study, the American Society of Anaesthesiologist (ASA) class of more than 2 also predicted conversions in patients undergoing non-elective cholecystectomies.[6] Finally, no matter how much preoperative risk grading or a diagnostic score is done to predict difficult laparoscopic cholecystectomy, the experience of the surgeon is the foremost factor. There should always be a low threshold of conversion whenever he faces any difficulty irrespective of the preoperative predictability.

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References


Spontaneous macular haemorrhage in a patient on aspirin

Sir,

Aspirin is the most commonly used anti-platelet medication in conditions of myocardial and cerebral ischemia.[1] It is known, however, to have a dose-dependent effect on gastrointestinal haemorrhage[2] and can rarely cause fatal cerebral haemorrhages.[3]

We report a 68-year-old male who presented with a two-day history of loss of central vision in his left eye. His visual acuity was 6/5 and 6/36 in the right and left eye, respectively. Anterior segment examination was unremarkable. Fundus examination showed an area of sub-foveal haemorrhage of approxi-

Authors' Reply

Sir,

We appreciate the comments by Dr. Bhattacharya on our pa-

References


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References