

LETTERS TO THE EDITOR

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Re: Profile and outcome of pediatric intussusception: a 5-year experience in a tertiary care center

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To the Editor,

We read with great interest the article: “Profile and outcome of pediatric intussusception: a 5-year experience in a tertiary care center” published in one of the last issues of the *Annals of Pediatric Surgery* [1]. It is noteworthy that Madan et al. concentrate on the most common cause of bowel obstruction in infants and toddlers, thereby constituting after appendicitis, one of the top common causes of an acute abdomen in children [2]. Authors rightly highlighted that intussusception has considerable medical importance particularly for recognizing idiopathic cases which concern mainly patients under the age of 3 (to 90% of cases).

Researchers noted that this disease is more frequently seen in well-nourished patients, whereas some papers suggest that there is no correlation between BMI and intussusception [3]. We congratulate the high efficiency in the pneumatic reduction under fluoroscopy (FGAR) which was reported to be 91%. However, it should be underlined that the ultrasound-guided hydrostatic reduction (UGHR) has been proven to be superior to FGAR. Liu et. al. [4] in his multicenter and prospective study concludes that compared with FGAR, UGHR has more advantages (ex. completely free of ionizing radiation) and that its success rate is significantly higher. Moreover, Xie et al. [5] found that hydrostatic reduction should be treatment of choice in appropriate patients with

intussusception, due to its higher efficiency (96.77% vs. 83.87%).

The graphic representation used in respect of results is very understandable for the reader; however, we have some comments. Individual elements of the graph should closely match the data. Figure 1 represents the number of patients sorted by age, although patients that are 3 and 6 years old are included in two age groups simultaneously—3-year-old patients in groups 0–3 and 3–6, as well as 6-year-old patients in groups 3–6 and 6–12. We would like to suggest dividing the above patients for accuracy reasons. Furthermore, we noticed incompatibility in Figure 4. According to quantitative analysis, 9% of patients had unsuccessful pneumatic reduction which corresponds to 8% in the graph (value 0).

In conclusion, we strongly believe that this report is placed among the important articles on this topic. We also hope that these observations will be beneficial and can be helpful for the equally valuable future articles.

Abbreviations

FGAR: Pneumatic reduction under fluoroscopy; UGHR: Ultrasound-guided hydrostatic reduction.

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Availability of data and materials

The datasets used and analyzed during the current study are available from the corresponding author on reasonable request.

Declarations**Ethics approval and consent to participate**

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare that they have no competing interests.

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