

Paramedian retroperitoneal approach

Paramedian retroperitoneal yaklaşım

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We read the article by Emreca et al.^[1] with a great interest. Paramedian retroperitoneal approach in the treatment of occlusive aorta iliac disease has obvious advantages over the conventional exploration. The study by Emreca et al.^[1] is consistent with several articles available online, as well. However, we would like to ask some details on the design of this study. We think it is not quite clearly specified why the authors compared unilateral and bilateral revascularizations. What could be the presumed differences between the groups? Could we expect different findings considering duration of surgery, postoperative incisional infections -which could be probably found higher in bilateral revascularization group- or any abdominal vascular complications? Unfortunately, we were unable to obtain these data from the manuscript. The authors also did not argue these data except the duration of surgery in discussion. Thus, we do not have a clear opinion about the results of unilateral and bilateral revascularization. In conclusion, what we understand from the article is that the authors mostly discussed the results of paramedian retroperitoneal approach. Nevertheless, the authors should have compared the results of these 74 patients with paramedian retroperitoneal incision with the results of patients operated using conventional approach, if they, in the first place, intended to put

greater emphasis on how they approach. We believe that the design of this study does not fit the intended analysis of paramedian retroperitoneal approach.

Declaration of conflicting interests

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Author Reply

Dear Editor,

We would like to thank to the readers for their interest in the study. In this study, retroperitoneal paramedian approach has been emphasized as a safe method for bilateral revascularization, as well. The comparison of unilateral and bilateral revascularizations was to statistically prove the non-significance of unilateral and bilateral revascularizations in paramedian approach. An opposite site incision may be considered as a challenge in bilateral revascularization; however, the outcomes of comparison showed that it was not different from the unilateral revascularization. Therefore, the approach has been concluded as our first choice for the most of the aortoiliac occlusive diseases, regardless of its unilateral or bilateral involvement. We believe that comparison with conventional approach is a subject of a different study.

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