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Reply to the letter to the editor

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Dear Editor:

We have received the letter "Sessile morphology, primary sclerosing cholangitis, and rapid growth involved in increased malignancy of vesicular polyps"[(1)], in which the authors indicate that three variables of importance should have been included in the original article in question[(2)]; we welcome the comments and, on behalf of all the authors of the original article, I will proceed to reply.

In the first instance, we agree with the authors of the letter that the sessile morphology of the polyp, the presence of primary sclerosing cholangitis and a rapid growth of the polyp are risk factors for vesicular polyp malignancy, according to the relevant literature. Regarding the morphology of the polyp, this is an important variable that was not included in our database since it was originally created for surveillance and not research purposes (this was included within the limitations of our report); therefore, the specific collection of this variable was not considered. In addition, while the sessile morphology of the polyp is an important feature, it is rare [(3)], especially in benign polyps (which were the majority of evaluated cases); this could be one of the probable causes for the original non-collection of this variable.

As far as primary sclerosing cholangitis is concerned, this is a disease that mainly affects intra- and extrahepatic ducts; in fact, there are few (about 15%) cases in which the gallbladder is affected [(4)]. The main diagnostic procedure for this disease is magnetic resonance cholangiography [(5)], so this variable could not have been collected through the vesicular biopsy described in our study. The same happens with the speed of growth variable, whose collection requires information about the follow-up of a vesicular polyp after it has been diagnosed; this is rare, as most vesicular polyps are found incidentally. Even if this follow-up had taken place, this information was not included in the database used for our study.

The absence of these variables implies a limitation that is typical of studies carried out based on secondary data, since their collection was not originally oriented to solve a specific research issue. Nevertheless, we consider that the data provided by our study is still relevant, since it shows that risk factors for malignancy of vesicular polyps could differ in some characteristics found in the Peruvian sample, compared to the reports of other regions of the world. Therefore, we deem the suggestions given by the authors of the letter to the editor important, and we believe these should be taken into account in research with primary data collection, which would allow us to better establish the risk factors for malignancy in our environment and help decision-making in patients who could be at risk of this serious disease.

REFERENCES

1. Mendoza T, Espino-Ayala LC, Roque JC, Llanco LA. Morfología sésil, colangitis esclerosante primaria y rápido crecimiento implicados en el aumento de la malignidad de los pólipos vesiculares. Rev Colomb Gastroenterol. 2021;36(3):413-414. https://doi.org/10.22516/25007440.780
2. Mejía CR, Mayta K, Cárdenas MM, Verastegui-Díaz A, Quiñones-Laveriano DM, Maravi-Coronado J, Monge E, Vera CA. Factores de riesgo para la malignidad de los pólipos vesiculares en dos hospitales públicos de Perú. Rev Colomb Gastroenterol. 2020;35(4):414-20. https://doi.org/10.22516/25007440.478.
3. Kwon W, Jang J-Y, Lee SE, Hwang DW, Kim S-W. Clinicopathologic Features of Polypoid Lesions of the Gallbladder and Risk Factors of Gallbladder Cancer. J Korean Med Sci. 2009;24(3):481-7. https://doi.org/10.3346/jkms.2009.24.3.481
4. Berstad AE, Aabakken L, Smith H-J, Aasen S, Boberg KM, Schrumpf E. Diagnostic Accuracy of Magnetic Resonance and Endoscopic Retrograde Cholangiography in Primary Sclerosing Cholangitis. Clin Gastroenterol Hepatol. 2006;4(4):514-20. https://doi.org/10.1016/j.cgh.2005.10.007
5. Chazouillères O, Potier P, Bouzbib C, Hanslik B, Heurgue A, NGuyen-Khac E, Gournay J, Tanne F, Bureau C, Bourlière M, Ganne-Carrié N, de Lédinghen V. Non-invasive diagnosis and follow-up of primary sclerosing cholangitis. Clin Res Hepatol Gastroenterol. 2021:101775. https://doi.org/10.1016/j.clinre.2021.101775