ISSN 1007-9327 (print)
ISSN 2219-2840 (online)

World Journal of *Gastroenterology*

World J Gastroenterol 2017 August 28; 23(32): 5829-6008

Published by Baishideng Publishing Group Inc

World Journal of Gastroenterology

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Weekly Volume 23 Number 32 August 28, 2017

CASE REPORT

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NAME OF JOURNAL
World Journal of Gastroenterology

ISSN
ISSN 1007-9327 (print)
ISSN 2219-2840 (online)

LAUNCH DATE
October 1, 1995

FREQUENCY
Weekly

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World Journal of Gastroenterology
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PUBLICATION DATE
August 28, 2017

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World J Gastroenterol 2017 August 28; 23(32): 6007-6008

DOI: 10.3748/wjg.v23.i32.6007

ISSN 1007-9327 (print) ISSN 2219-2840 (online)

LETTERS TO THE EDITOR

Comment on "Efficacy and adverse events of cold *vs* hot polypectomy: A meta-analysis"

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Author contributions: Sun HH conceived and wrote the manuscript; Huang SL and Bai Y provided overall directions and contributed to revising the manuscript.

Conflict-of-interest statement: The authors declare no conflicts of interest in association with this paper.

Manuscript source: Unsolicited manuscript

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Received: April 19, 2017
Peer-review started: April 20, 2017
First decision: May 12, 2017
Revised: May 28, 2017
Accepted: July 22, 2017
Article in press: July 24, 2017
Published online: August 28, 2017

Abstract

This is a comment on a meta-analysis of published studies comparing cold *vs* hot polypectomy. We believe that the conclusion of this meta-analysis that "cold polypectomy is a time-saving procedure for removing small polyps with markedly similar curability and safety to hot polypectomy" needs more rigorous evidence.

Key words: Cold polypectomy; Hot polypectomy; Colon adenoma; Meta-analysis

Core tip: This is a comment on a meta-analysis of published studies comparing cold *vs* hot polypectomy. We believe that the conclusion of this meta-analysis needs more rigorous evidence.

Sun HH, Huang SL, Bai Y. Comment on "Efficacy and adverse events of cold *vs* hot polypectomy: A meta-analysis". *World J Gastroenterol* 2017; 23(32): 6007-6008 Available from: URL: http://www.wjgnet.com/1007-9327/full/v23/i32/6007.htm DOI: http://dx.doi.org/10.3748/wjg.v23.i32.6007

TO THE EDITOR

We read with interest the article by Fujiya *et al*[1] entitled "Efficacy and adverse events of cold *vs* hot polypectomy: A meta-analysis", which compared cold and hot polypectomy with respect to efficacy and adverse events. The authors attempted to perform a systematic review and meta-analysis of the "randomized controlled trials (RCTs)" from several databases, one

of which is actually a retrospective study[2]. In addition, among the six included studies, two (one article[3] and one abstract[4]) actually utilized the same data, which is another serious issue.

Colorectal polyps can be divided into three groups based on size: diminutive (≤ 5 mm), small (6-9 mm), and large (≥ 10 mm). The American Society for Gastrointestinal Endoscopy recommends that cold snare polypectomy should be the primary modality used for resection of diminutive polyps. However, polyps that are 6 to 9 mm in size can be resected by cold snare polypectomy or hot snare polypectomy because the optimum technique is not defined[5]. In this meta-analysis, the authors demonstrated that cold polypectomy is a time-saving procedure for removing small polyps with markedly similar curability and safety to hot polypectomy. However, among the six included studies, one compared hot snare, cold snare and cold forceps polypectomy for diminutive colorectal polyps[6], and the other five studies compared hot snare with cold snare polypectomy for small polyps (10 mm or less in diameter, and most were 8 mm or less)[2-4,7,8]. Hence, we believe that the conclusion is not sufficient.

All six included studies reported the rate of adverse events, including bleeding. The study by Horiuchi *et al*[8], however, focused on small colorectal polyps in patients receiving anticoagulation therapy. Thus, it should be excluded from this meta-analysis, or sensitivity analysis should be done to explore whether it was biased.

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P- Reviewer: Garcia-Olmo D, Hsieh YH, Paoluzi OA
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ISSN 1007-9327