

**Division of Trauma and Acute  
Care Surgery**

**William J. Mileski, MD, FACS**

Chief of Trauma Surgery  
Emergency Medical Director  
Professor

301 University Blvd.

Galveston, TX 77555-1172

O 409.772.9066 F 409.747.7319

E [wmileski@utmb.edu](mailto:wmileski@utmb.edu)

W [utmb.edu/surgery](http://utmb.edu/surgery)

December 16, 2019

Dr. Jie Wang  
Science Editor, Editorial Office  
*World Journal of Gastroenterology*

Manuscript No. 52423

Dear Dr. Wang:

We thank the reviewers for their thoughtful review of our manuscript, "Operative Complications and Economic Outcomes of Cholecystectomy for Acute Cholecystitis". Below we have provided response to the reviewer's comments (in italics) if a revision was requested.

*"...I have only one observation on the great difference of patient's number with AC Tokyo Grade 2 between the same admission cholecystectomy (486 patients) versus the delayed cholecystectomy (68 patients); I wonder if the comparison should be valid. Certainly further studies are necessary."*

Response:

Because the current standard of care is to perform same-admission cholecystectomy for most patients presenting with acute cholecystitis, our retrospective analysis is therefore necessarily biased such that more patients are in the Same-Admission subgroup and less patients are in the Delayed subgroup. A randomized clinical trial would allow equal allocation of patients between the two groups. Another option would be to perform propensity matching; however, our single-institution numbers are low and a comparison of 68 Same Admission to 68 Delayed patients would be less informative compared to the current study we presented. We agree with the reviewer that further studies are needed and suggest that large database interrogation of this question should be performed with propensity matching in the future. We have added that future studies are needed to verify our findings in the conclusion (page 15).

Despite the limitations of our single-institution, retrospective study, the statistical comparisons between the two groups is valid since these are the data we have. In addition, we were able to detect significant differences in complications rates (Table 3), suggesting sufficient power to detect differences between the two groups, despite the imbalance in numbers.

Thanks to the reviewer, we did notice an error in Table 2 (page 23) where a Chi-Square (3X2 table) comparison of the Tokyo groups should have been performed. We have made this correction. In summary, we believe that our data are of interest to your readership and serve as a catalyst for future studies.

Please do not hesitate to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'WJ Mileski', with a long horizontal flourish extending to the right.

William J Mileski, MD, FACS