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Comments on 'Percutaneous endoscopic colostomy to treat recurrent sigmoid volvulus in an almost centenary patient'

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Dear Editor,

I read with great interest the article titled 'Percutaneous endoscopic colostomy to treat recurrent sigmoid volvulus in an almost centenary patient' written by Segura et al. (1), who presented a recurrent sigmoid volvulus (SV) case treated with percutaneous endoscopic colostomy (PEC). SV is an uncommon disease worldwide, while it is relatively common in Eastern Anatolia, which is my practicing area. In the light of our comprehensive experience with SV, including 1,036 cases over a 54.5-year period (from June 1986 to January 2021), which is the largest single-center SV series in the world (2), I want to discuss the terminology, indications, and technique-related prognosis of PEC in SV.

First, when PEC is used in the treatment of SV I prefer the 'colopexy' term instead of 'colostomy', as do other authors (3). Although PEC is technically a stoma procedure due to the use of a stoma apparatus in most cases, as was in the authors' practice, its

main purpose is not a 'stoma' but a 'pexy' in SV.

Second, as an objective description, I suggest PEC in patients with American Society of Anesthesiologists (ASA) score 4 and older than 70-75 years old, whose expected operative mortality rate is higher than 7.8 % (4). Unfortunately, although the candidates for PEC are generally described as 'elderly and inoperable cases', an objectively-designed guide is not present in the literature (3,5).

Lastly, instead of an emergency PEC performed following a successful endoscopic decompression, an elective PEC, a one- or two-day delayed procedure, may allow for the treatment of comorbid diseases, colonic cleansing, and antibiotic prophylaxis (4). As a technical detail, although the use of multiple apparatuses instead of one tube may decrease recurrence, it generally increases mortality and morbidity due to enhanced leakage and infection (3,5).

I congratulate the authors for their presentation and await their reply on my comments.

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