

Letters to the Editor

Accuracy of ASGE criteria for the prediction of choledocholithiasis

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Dear Editor,

I read with interest the article “Accuracy of ASGE criteria for the prediction of choledocholithiasis” by Nárvaez et al. (1). Patients with suspicion of choledocholithiasis (CL) were categorized according to the American Society for Gastrointestinal Endoscopy (ASGE) recommendations. Those patients classified into high or intermediate-probability for CL underwent an endoscopic retrograde cholangiopancreatography (ERCP) without any further non-endoscopic biliary imaging modalities. In the ASGE recommendations for intermediate risk CL patients, they mention options for the evaluation of these patients including endoscopic ultrasound (EUS) and magnetic resonance cholan-

giography (MRC) (2). It came to my attention that, in this prospective study, if patients in the intermediate risk group had been offered EUS or MRC prior to the ERCP, the accuracy in this group would have been better than the 41% reported, avoiding unnecessary ERCPs. Also, Adam et al., in the retrospective paper cited by Nárvaez, mention that patients classified as intermediate are best suited for a less invasive initial test, such as EUS, MRC, and intraoperative cholangiography (IOC) (3).

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References

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