Reviewer's report

Title: Increased rate of cholecystectomies performed with doubtful or no indications after laparoscopy introduction: a single center experience.

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Reviewer: ABDULZAHRA HUSSAIN

Reviewer's report:

Methodology:
1. The following statement is irrelevant to the subject of the study, should be removed.
   [All patients admitted for trauma underwent focused assessment with sonography for trauma (FAST) performed in the trauma room, in order to timely diagnose potentially life-threatening hemorrhage and to help determine the need to transfer the patient to the operating room]
2. You can not include patients who presented because of trauma to have lap.chole?:
   [Patients who were diagnosed for gallstones at FAST and subsequently operated on at the resolution of the main cause of admission were also included in the present study.]
3. The radiological criteria for diagnosing acute cholecystitis are not complete.
   [Diagnosis of acute cholecystitis was based on the presence of right upper quadrant pain with or without fever and with evidence of raised WBC count, ultrasonographic evidence of gallstones, or pericholecystic fluid collection].
   This should also include gall bladder wall thickness, acute on chronic cholecystitis (thick wall contracted gall bladder).
3. Indications for lap.chole:
   [According to the evidences in literature [6-11], conditions that were considered correct indications for surgery were the following: acute cholecystitis, acute biliary pancreatitis, gallbladder adenomas, cholangitis with evidence of gallstones, biliodigestive fistula, lithiasis of the biliary ducts with or without jaundice, and recurrent episodes of biliary colic or 4 recurrent jaundice]
   What about Mirrizzi syndrome?
   Perforated gall bladder?
   Gangrenous gall bladder?
   Bouveret’s syndrome?

Results:
1. Discrepancy between the table 1 and the results: number of female pts (495 (49.57%) while in the test its 59.57%).
Discussion:

1. The classic approach to gallbladder disease involves access to the abdominal cavity through a wide incision that is associated with a long postoperative stay with related pain and disability [12]. Laparoscopic introduction has been responsible of the reduction of the most important consequences related to laparotomy [13]. These benefits during the last two decades have resulted in increased adoption of this approach, which has rapidly become the gold standard in management of gallbladder diseases [13].

This irrelevant to the subject, please remove.

2. The remaining of paragraph one of discussion should focus on the studies that reported lap.chole for incidental gall stones or lap.chole for unclear indications.

3. Increased number of lap.chole is increasing because of increasing minimal access experience and demand of patients for key-hole surgery, otherwise the indications are always the same.

4. Paragraph 2, 3 and 4 as well as the gall bladder cancer paragraph of discussion is irrelevant to the subject, please remove.

5. Paragraph start with: Given the large diffusion of laparoscopy even for the most challenging operations [26, 27], ….

This is not relevant, please remove.

6. It's very important to mention the complications of lap.chole in 176 patients who underwent the procedure for no indications!

Conclusion

[In conclusion, laparoscopic cholecystectomy is indisputably the gold standard in gallstones treatment, although open cholecystectomy still plays a role in complicated cases. Conversion should never be considered a breakdown, but rather a careful choice to safeguard the patient's life and safety, that should always take priority over cosmesis.]

This is irrelevant and should be removed from conclusion.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I don't have any conflict of interest