Reviewer's report

Title: Three-port versus four-port laparoscopic cholecystectomy in acute and chronic cholecystitis.

Version: Date: 17 January 2007

Reviewer: Michel Suter

Reviewer's report:

General

This is a well written paper intending to compare three- and four-port laparoscopic cholecystectomy in the acute and elective setting in a retrospective fashion. It is not a randomized study, but the numbers are relatively large. The main findings are that patients operated on with the three-port technique use less opiates (difference 43 mg of Pethidine over 48 hours) and stay in the hospital for a shorter time (roughly one day difference. No difference was found regarding conversion rates or morbidity. The authors state that the patients were given the choice between the two procedures after full information. I must confess that I have a hard time to believe that almost half the patients freely chose to have four scars instead of three if really given the choice. This must be addressed clearly.

The duration of stay is 2.8 versus 3.7 days. This is rather long for a lap. chole. In my experience, most patient usually can leave the hospital on the first or second postoperative days with a standard four trocar technique, and virtually none requires opiates for analgesia, except in the very immediate postoperative period. I am therefore wondering if a 43 mg difference in opiates consumption is really relevant. Post-operative pain after laparoscopic surgery is usually mostly related to the largest trocar (10 mm in lap chole). Although I cannot deny the results presented in this paper, I am wondering if factors other than postoperative pain and opiates have played a role in the differences reported by the authors (such as patient or doctor-related factors).

It is important that the authors state whether a fourth trocar had to be added in any patient initially operated on with the three port technique. I could not find the answer in the manuscript.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Comment on the limitations of the study (not randomized, retrospective)
Comment on patient allocation to each technique

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Was a fourth trocar required in some of the patients allocated to the three-port technique? How many, and, if yes, why?

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:
No competing interest