Reviewer's report

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

Version: 1 Date: 25 January 2007

Reviewer: Andreas Shamiyeh

Reviewer's report:

General

The authors compared a three port versus a four port technique for LC in acute and chronic cholecystitis.

It is a non randomised, retrospective single center report. = evidence level xx

The language is fine.

The question is well defined.

Discussion and conclusion are well balanced.

The topic is not really new. The authors state that previous studies on three port technique did not deal with acute cholecystitis, however, the paper of Poon (which has been cited [6], showed evidence that LC can be performed safe with less than 4 trocars in chronic and acute cholecystitis and that the reduction of ports leads to a reduction of pain.

The weak point of this paper may be the patients selection. The patient made his own choice after the preoperative explanation of the procedure whether to be operated with three or with four ports by the same experienced surgeon.

It is not clear, why a patient should agree four scars when the same procedure could be done with three scars. One might suspect that possible difficult cases have been directed in the 4 port technique in order to avoid conversion or additional portplacement or long operation times….

Major revision should be done

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

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

Discretionary Revisions (which the author can choose to ignore)