Correspondence

INTERNATIONAL JOURNAL OF SURGERY

OPEN

A commentary on 'Portal vein thrombosis and liver transplantation: management, matching, and outcomes: a retrospective multicenter cohort study'

Junjian Wang, MM[a], Xiaoang Ye, MM[b], Hongyu Chen, MD[c,*]

To the Editor,

I was intrigued by the recent publication of the research paper 'Portal vein thrombosis and liver transplantation: management, matching, and outcomes: a retrospective multicenter cohort study' in the *International Journal of Surgery*[1]. This retrospective multicenter cohort study proposes measures to reduce the incidence of adverse events after liver transplantation (LT) in patients with portal vein thrombosis (PVT), adequately balancing liver function and the type of inflow reconstruction. A study by Fabrizio Di Benedetto *et al*. showed that even in patients with grades 3–4 PVT, the prognosis of patients with risk factors that can be effectively controlled will be significantly improved. This is significant in the context of LT, both in terms of helping to improve the prognosis of patients with PVT and ensuring better donor–recipient matching and safer organ allocation. The results of the study are both significant and timely. The researchers' rigorous efforts and valuable contributions are deeply appreciated. However, some constructive suggestions for further refinement are proposed.

First, the study was a multicenter study, with cases collected by 26 surgeons from different institutions. Compared with single-center studies, multicenter studies are generally richer in data, which can significantly improve the efficiency of the study and increase the representativeness and generalization of the results, which is worthwhile for researchers to consider. However, it is important to note that the surgeons involved in the study were from different medical teams and used different treatment protocols for LT patients with varying medical conditions. These variances may affect patient prognosis, thereby influencing research outcomes. Improving communication and harmonizing perioperative management and treatment specifications among multicenter treatment teams can effectively solve the problem[2].

Second, as the authors state, the study was conducted over a lengthy period, from January 2000 to February 2020. This extended timescale increases the risk of missing data or incomplete information. This could affect the accuracy and reliability of the findings, as some data may be unavailable or unreliable. At the same time, over a longer period of time, there may involve multiple data collection stages and various methods of data recording. This diversity and change can lead to inconsistency in data quality, which may subsequently introduce errors and biases. Furthermore, changes in other factors over time, such as advancements in medical techniques or equipment, alterations in treatment guidelines, and shifts in population characteristics, may also impact the generalization and applicability of study outcomes and increase the complexity of understanding and inferring causality.

Finally, this retrospective study, based on actual Italian medical records, is commendable for its close link to clinical reality and reflection of the patient population's most realistic situation. Consideration should be given to using concurrent prospective studies as a means to validate the results of retrospective studies. Prospective studies are free from participant recall at the time of data collection, reducing memory bias and mitigating information and selection bias, thus enhancing data accuracy and reliability[3].

In conclusion, the study by Fabrizio Di Benedetto *et al*. is of great significance to improve the benefit of patients with PVT in LT. The generally poor prognosis of patients with PVT underscores the importance, necessity, and even urgency of in-depth studies in this area[4], which could pave the way for a better selection of treatment options for LT. Our suggestions are merely aimed at further enhancing an already outstanding research achievement. We eagerly anticipate the authors producing even more innovative works in the future.

Ethical approval

Not applicable.

Consent

Not applicable.

[a]Hangzhou TCM Hospital Affiliated to Zhejiang Chinese Medical University, [b]The Second Clinical Medical College of Zhejiang Chinese Medical University and [c]Department of Nephrology, Hangzhou TCM Hospital Affiliated to Zhejiang Chinese Medical University, Hangzhou, Zhejiang, People's Republic of China

Junjian Wang and Xiaoang Ye contributed equally to this work and share first authorship.

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

*Corresponding author. Address: Hangzhou TCM Hospital Affiliated to Zhejiang Chinese Medical University, 453 Stadium Road, West Lake District, Hangzhou, Zhejiang 310007, People's Republic of China. Tel.: +180 571 29786.
E-mail: jzglww@gmail.com (H. Chen).

International Journal of Surgery (2024) 110:5176–5177

Received 29 March 2024; Accepted 9 April 2024

Published online 22 April 2024

http://dx.doi.org/10.1097/JS9.0000000000001485

Sources of funding

Not applicable.

Author contribution

J.W., X.Y., and H.C.: conception and design of the study; J.W. and X.Y.: collected and analyzed the data; J.W. and X.Y.: write the paper. All the authors drafted and revised the paper and also read and approved the final manuscript.

Conflicts of interest disclosure

There are no conflicts of interest.

Research registration unique identifying number (UIN)

Not applicable.

Guarantor

Hongyu Chen accepts full responsibility for the work and/or the conduct of the study.

Data availability statement

This manuscript is a comment. Don't need a data availability statement. However, all the data from the current study are publicly available.

Provenance and peer review

Not applicable.

References

[1] Di Benedetto F, Magistri P, Di Sandro S, *et al*. Portal vein thrombosis and liver transplantation: management, matching, and outcomes: a retrospective multicenter cohort study. Int J Surg 2024;4. [Epub ahead of print]. doi:10.1097/JS9.0000000000001149

[2] Bos I, Blondeau M, Wouters D, *et al*. Therapeutic anticoagulation after liver transplantation is not useful among patients with pre-transplant Yerdel-grade I/II portal vein thrombosis: a two-center retrospective study. J Thromb Haemost 2021;19:2760–71.

[3] Zhang X, Yang B. The serum levels of gasdermin D in uremic patients and its relationship with the prognosis: a prospective observational cohort study. Ren Fail 2024;46:2312534.

[4] Fundora Y, Hessheimer AJ, Del Prete L, *et al*. Alternative forms of portal vein revascularization in liver transplant recipients with complex portal vein thrombosis. J Hepatol 2023;78:794–804.