Response to the editorial commentary by Crisostomo-Estrada JK, et al. on the article ''Performance of the predictive criteria of the American Society for Gastrointestinal Endoscopy in the diagnosis of choledocholithiasis at a secondary care public hospital in the state of Nuevo León, Mexico''

Respuesta a Comentario Editorial de Crisostomo-Estrada JK, et al. "Desempeño de los criterios predictivos de la Sociedad Americana de Endoscopia Gastrointestinal en el diagnóstico de coledocolitiasis en un hospital público de segundo nivel del Estado de Nuevo León, México"

We appreciate the interest shown by Crisostomo-Estrada et al. in reference to our article, ''Performance of the predictive criteria of the American Society for Gastrointestinal Endoscopy in the diagnosis of choledocholithiasis at a secondary care public hospital in the state of Nuevo León, Mexico'',[1] which evaluated the performance of the predictive criteria proposed by the American Society for Gastrointestinal Endoscopy (ASGE)[2] in 2019 for predicting choledocholithiasis at a secondary care public hospital that does not have access to magnetic resonance cholangiography or endoscopic ultrasound.

In response to their comments, firstly, in our inclusion criteria, we took into account patients of either sex and any age, in whom there was clinical or laboratory test suspicion of presenting with choledocholithiasis. The reason we did not exclusively include patients above 18 years of age was because a considerable number of patients seen at our hospital for symptoms of cholecystolithiasis or choledocholithiasis are minors. Specifically, 30 of the 352 patients included in our study were under 18 years of age, but the percentage of minors with symptoms of cholecystolithiasis is even higher. We did not consider that age under 18 years influenced the risk for presenting or not with choledocholithiasis, unlike the factor of age above 55 years, which indeed is a predictive criterion according to the ASGE.[2]

Secondly, our study was retrospective and patients with incomplete medical records, i.e., records that did not include all the pertinent laboratory test results (liver function tests), diagnostic imaging studies showing the presence of stones in the common bile duct or its size, incomplete descriptions of surgical or endoscopic procedures, and/or discharge diagnoses, were excluded.

Lastly, within the 2019 predictive criteria of the ASGE and our study, the intermediate risk category includes alterations in the liver function tests (or hepatogram), but due to a lack of clinical correlation, the presence of acute biliary pancreatitis, which was included in the previous version of the ASGE criteria, was not.[2]

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Conflict of interest

The authors declare that there is no conflict of interest.

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