



Comments 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”

Comentario acerca del artículo “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 read the article by Ovalle et al. (2023), which presents a retrospective methodological model and evaluates the efficacy of the predictive criteria of the American Society for Gastrointestinal Endoscopy (ASGE), in the diagnosis of choledocholithiasis at secondary care public hospitals in Mexico.¹

Ovalle et al. (2023) selected a population sample of individuals of any age that had a history or clinical symptomatology of choledocholithiasis.¹ On the other hand, studies conducted by Gastelbondo et al. (2020) and Muñoz et al. (2021) included a population sample made up exclusively of individuals over 18 years of age that had clinical or laboratory suspicion of the disease, given that such a sample better defined the group to be studied, enabling more accurate results to be obtained.^{2,3}

In addition, in their research article, Ovalle et al. (2023) did not take certain important points regarding the exclusion of patients into account.¹ In contrast, as exclusion criteria, Lourido et al. (2022) included patients whose clinical histories were deficiently written and patients that had an inconclusive diagnosis of choledocholithiasis.⁴

On the other hand, Ovalle et al. (2023) showed that the risk predictors were specifically divided into high, intermediate, and low risk, each with its clinical points.¹ Machaín et al. (2021) reported the same, but also described altered liver enzymes and acute biliary pancreatitis as clinical processes of moderate or intermediate predictors of choledocholithiasis, a proposal that is supported by the ASGE.⁵

In conclusion, we wish to thank the researchers for their fine work, enabling us to have a deeper understanding of choledocholithiasis and the criteria currently proposed by the ASGE, which are essential for managing and predicting the disease.

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Declaration of competing interest

The authors declare that there is no conflict of interest.

References

- Ovalle C, Guajardo D, Elizondo R. 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, Mexico. *Rev Gastroenterol Mex.* 2023;88:322–32, <http://dx.doi.org/10.1016/j.rgmexen.2022.06.005>.
- Gastelbondo J, Otero W, Gómez M. Evaluación del rendimiento diagnóstico de los criterios predictivos de la sociedad británica para el diagnóstico de coledocolitiasis en una población colombiana. *Rev Colomb Gastroenterol.* 2020;35:269–79, <http://dx.doi.org/10.22516/25007440.365>.
- Muñoz-Murillo WJ, Lozada-Martinez ID, Suarez-Causado A, et al. Accuracy of ASGE 2010 predictive criteria for high risk of choledocholithiasis: a single center experience in the Colombian Caribbean: validación de los criterios predictivos de alto riesgo para coledocolitiasis de la Sociedad Americana de Endoscopia Gastrointestinal, 2010: Experiencia de un centro del caribe colombiano. *Rev. De La Facul. De Med. Humana.* 2021;21:798–808, <http://dx.doi.org/10.25176/RFMH.v21i4.4045>. Disponible en: .
- Lourido-Gamboa AM, Vallejo-Vallecilla G, Díaz-Realpe JE, et al. Criterios ASGE 2010 frente a 2019 para coledocolitiasis en pacientes llevados a colangiopancreatografía retrógrada endoscópica. *Rev colomb Gastroenterol.* 2022;37:362–8, <http://dx.doi.org/10.22516/25007440.883>.
- Machaín G, Arellano N, Melgarejo S, et al. Predictores de Coledocolitiasis en pacientes con litiasis vesicular sintomática tratados en la Segunda Cátedra de Clínica Quirúrgica, Hospital de Clínicas, San Lorenzo año 2017-2019. *Anal de la Facul de Cienc Médicas.* 2021;54:101–8, <http://dx.doi.org/10.18004/anales/2021.054.01.101>. Available from: .

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