Letter to Editor:

Response to: Limberg Flap Reconstruction in Treating Sacrococcygeal Pilonidal Sinus

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Dear authors,

We read with great interest the article by Faruk MO et al¹ which was recently published in your esteemed journal¹. The authors conducted a prospective study on surgical treatment of sacrococcygeal pilonidal sinus and recommended the choice of Limberg flap reconstruction in our daily practice. It was proven to have a low complication rate, shorter hospital stay, low recurrence rates, earlier healing and reduced offwork period.

We believe that the values of this study are lacking in certain areas, which can be improved in the near future. In order to prove the quality and effectiveness of a particular surgical technique, among the highest level of evidence, is to perform a randomized controlled trial (RCT) instead of a mere observation prospective study. With an added randomisation, control group as well as blinding techniques in an RCT, it would provide a higher strength of evidence. Despite so, similar outcomes were achieved by an RCT Conducted by Alvandipour M et al which proved that Limberg flap is superior to Karydakis flap surgery².

The sample size of 24 participants is not big enough to achieve a proper analysis. We believe that the authors should have increased the power of the study by enrolling more participants to increase the sample size. We would appreciate if the authors could look again at the descriptive statistics, as a sample size that small might not be normally distributed, thus the use of median and IQR would be more appropriate. Moreover, this study lacked of statistical analysis, which is the main determinant of a certain research. With the absence of a comparator group, the analysis would only be descriptive and does not add adequate evidence to assume what method is better as compared to another.

This study did mention other centres were involved, however, it was not specified where and how many exact centres. Because this involved multiple centres, some ethical issues need to be considered and that is whether this study obtained its approval for other collaborative centres and not only from the surgical department from one hospital. In fact, there should be a proper ethical committee board to approve this study as it is inadequate from the department alone.

Going through the results section, the heading 'expected results' is an inaccurate term as these were observed results from a prospective study. Furthermore, we feel Table 3 can be further improved and elaborated to include other methods of flaps. This would be more beneficial and meaningful rather than comparing with just the similar surgical method.

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