



## **Letter to the Editor: Extraperitoneal cesarean section and transperitoneal cesarean section: does extraperitoneal technique shorten the duration of surgical operation?**

Dear Editor,

Recently, an article of Yeşilbaş and Erener published in your journal attracted our attention.<sup>[1]</sup> I would like to congratulate the authors for their study comparing their case series consisting of 34 cases with the control group that they carried out through an unusual technique. We also have the opinion that conducting this technique on selected cases may contribute to the post-operative outcomes and in particular analgesic need as shown by Tappauf et al. in their randomized controlled study.<sup>[2]</sup> However, we have concerns that the outcomes may not be as positive as reported by Yeşilbaş et al. when it is carried out in another center. The technique is unusual as reported, and requires clinical experience. It has not been indicated the level of experience of the operator on this technique in the publication. In addition, we have some questions regarding the article published: How did they decide extraperitoneal cesarean section? Did the patient prefer, and if so, how were the patients informed? Also, considering the study period stated, we believe that the number of cesarean section meeting the criteria in the stated center is more than the reported in a 1-year period. It was not clear which patients were included in the study as study group. In terms of the methods, the insertion site for uterine was not defined clearly, stating how the region without peritoneum is determined more clearly would help us and other researchers in their studies. Based on our clinical experience, we think that the undesired peritoneum perfora-

tion is the actual technical problem. In another study in which 105 cases underwent extraperitoneal cesarean section, 6 cases had peritoneum perforation.<sup>[3]</sup> The last and really important issue is that the duration of the cesarean section was reported significantly shorter in the extraperitoneal group in the conclusion part. We did not understand the basis of this advantage. Apart from that, no significant change was observed from skin incision up to delivery. If no change was observed until the birth of the baby, what is the reason for not including the patients who are in need of emergency cesarean section in the study?

Kind regards,

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**Conflicts of Interest:** No conflicts declared

### **References**

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2. Tappauf C, Schest E, Reif P, Lang U, Tamussino K, Schoell W. Extraperitoneal versus transperitoneal cesarean section: a prospective randomized comparison of surgical morbidity. *Am J Obstet Gynecol* 2013;209:338.e1–e8. [[PubMed](#)] [[CrossRef](#)]
3. Yapca OE, Topdagi YE, Al RA. Fetus delivery time in extraperitoneal versus transperitoneal cesarean section: a randomized trial. *J Matern Fetal Neonatal Med* 2020;33:657–63. [[PubMed](#)] [[CrossRef](#)]

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