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Juan Carlos Bernal Sprekelsen[a*], José López García[b], Marcos Agramunt Lerma[a], María Dolores Escudero de Fez[b]

[a]*Servicio de Cirugía General, Hospital General de Requena, Requena, Valencia, Spain*

[b]*Servicio de Radiología, Hospital General de Requena, Requena, Valencia, Spain*

**Corresponding author.*
E-mail address: jcbernal@comv.es (J.C. Bernal Sprekelsen).

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Single Port Cholecystectomy. Glove Port☆

Colecistectomía por incisión única. *Glove port*

We read with great interest the article by Dr. Noguera about single-incision cholecystectomy.[1] We agree with some of his observations, but disagree with his comments on the use of glove ports.

With regard to the supposed cosmetic benefit (which is starting to become doubtful in the mid to long term),[2–5] the few systematic studies performed with large numbers of procedures and hospitals have demonstrated that single-port cholecystectomy leads to double the amount of bile duct injuries, more incisional hernias[6–8] and higher hospital costs. In the American study of a total of 193 000 cholecystectomies in 428 hospitals, the cost of the single-port technique was 964 dollars higher per procedure compared with that of conventional laparoscopic cholecystectomy.[9] However, the *glove port* technique was developed with the idea of minimizing these disadvantages: its high added cost versus conventional laparoscopy.

As a member of our team has spent time working in the Surgery Department with Dr. Mortensen at the John Ratcliffe Hospital in Oxford, where there is much experience in the use of these devices, we have had the opportunity to learn the technique and implement it in our surgery unit. We have seen that it enables surgeons to use all types of trocars, straight or curved instruments, fiber optics of any and all diameters and the same or even better angulations and maneuverability as commercially available devices.

We do not agree with the author's statements that its use entails ''inadequate patient selection and a lack of self-criticism'', ''greater concern for the individual case than for the advancement of the technique'' or that it is associated with the concept of ''anything goes''. We feel these proclamations are unjustified and harsh. Several groups, including Mortensen's at Oxford, Asakuma's at the University of Osaka and others,[10–16] have published positive results with the use of *glove ports* in different types of interventions, and our initial experience (which includes cholecystectomies, appendectomies and hepatic segmentectomy II–III) support these results.

We therefore believe that this technique should at least be considered a valid alternative to be evaluated in the future. This is especially true in today's day and age where we have to be more concerned about the efficacy of our surgeries, which of course includes costs. Perhaps this is the most obvious disadvantage of glove ports: they are just too inexpensive. This means that neither the companies that market other much more expensive devices nor the surgeons who consult with them (and are sponsored by them) show any interest in the evaluation or diffusion of this technique. We believe such unjustified criticism should be avoided so that one's objectivity is not discredited, especially in cases where there may be a clear conflict of interests.

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José Mir Labrador*, Enrique Artigues Sánchez de Rojas, Pilar Albors Baga, Ricardo Fabra Ramis

Hospital General Universitario de Valencia, Valencia, Spain

**Corresponding author.*
E-mail address: jomirla@gmail.com (J. Mir Labrador).

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