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Reconciling risk of bias and evidence certainty in gastrojejunostomy comparisons

Liverinto-Panagiotis Mela

General Hospital of Chalkida, Chalkida, Greece

I read with interest the meta-analysis by Karniadakis *et al* comparing endoscopic ultrasound-guided gastrojejunostomy (EUSGJ) with surgical gastrojejunostomy for gastric outlet obstruction [1]. An inconsistency between the reported risk-of-bias assessments and certainty ratings warrants clarification. All 9 retrospective studies were judged to be at critical overall risk of bias, with critical ratings for confounding and participant selection. Nevertheless, postoperative infection was rated as high-certainty evidence, while technical success, postoperative ileus and operative time were rated as moderate-certainty evidence. The infection estimate had an odds ratio of 0.17 (95% confidence interval 0.08-0.37).

Under ROBINS-I, a critical judgment indicates that a result is too compromised to provide useful evidence and should be excluded from synthesis [2]. Although GRADE assessments incorporating ROBINS-I may start at high certainty, subsequent ratings must reflect the identified risks of bias [3]. A large observed association does not, by itself, resolve critical confounding or selection bias.

The justification for the critical ratings also merits reconsideration. Retrospective design and individualized treatment allocation alone do not establish critical bias in every study. ROBINS-I requires assessment of specific results, including how relevant confounders were addressed and how participant selection could bias the comparison [2]. The authors acknowledge bias in their discussion, but this does not reconcile the reported certainty ratings.

I therefore suggest reassessing the ROBINS-I judgments with supporting signaling-question responses and providing explicit, outcome-specific explanations for GRADE downgrading or upgrading. If critical judgments remain applicable to all contributing infection results, the pooled estimate should not support a high-certainty comparative safety conclusion. Resolving this inconsistency would help readers determine how much confidence to place in the apparent infection benefit of EUSGJ.

References

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Department of Internal Medicine, General Hospital of Chalkida, Chalkida, Greece

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Correspondence to: Liverinto-Panagiotis Mela, Department of Internal Medicine, General Hospital of Chalkida, Greece,
e-mail: melapanagiotis@gmail.com

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