

Re: Non-occlusive mesenteric ischemia in critically ill patients: does bedside laparoscopy offer any real benefit?

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To the Editor,

We read with great interest the Perspective/Viewpoint of Barone et al.^[1] discussing the potential role of bedside laparoscopy in critically ill patients with nonocclusive mesenteric ischemia. The authors address a highly relevant and challenging issue in emergency and critical care, as nonocclusive mesenteric ischemia remains one of the most difficult causes of acute abdominal deterioration to diagnose in patients who are sedated and mechanically ventilated. As they correctly noted, the absence of typical abdominal findings and the limited specificity of imaging may substantially delay the definitive diagnosis.^[1]

From a general surgery perspective, we agree that bedside laparoscopy may provide an important diagnostic advantage in selected patients, particularly when bowel ischemia is strongly suspected, but transfer to the operating room is difficult or repeated imaging is impractical. However, we believe that the practical applicability of Barone et al.'s viewpoint would be strengthened by a more explicit discussion of patient selection and procedural timing. In daily practice, the key question is not simply whether bedside laparoscopy can be useful, but rather which patients are most likely to benefit from it before irreversible bowel necrosis or multiorgan failure develops.

The second important consideration is the balance between the diagnostic yield and procedural burden. As the authors pointed out, pneumoperitoneum, surgical stress, logistical constraints, and operator expertise remain important limitations.^[1] Therefore, a more practical framework incorporating

hemodynamic status, vasopressor requirements, serum lactate trends, computed tomography findings, and failure of noninvasive reassessment would further improve the bedside relevance of this approach.

This issue is particularly important because delayed recognition of mesenteric ischemia may contribute to poor outcomes in critically ill patients. Additional evidence is needed to determine whether bedside laparoscopy improves diagnostic timeliness or patient-important outcomes. Bedside laparoscopy may become a valuable adjunct in selected circumstances, but its role will likely depend on careful integration into a broader multidisciplinary algorithm involving intensivists, radiologists, and acute care surgeons.

Overall, we congratulate the authors for drawing attention to an important and under-discussed topic. We believe that further clarification regarding the indications, timing, and candidate selection would enhance the practical impact of this viewpoint for clinicians caring for critically ill patients.

Conflict of interest statement

The author declares no conflict of interest.

Author contributions

The author wrote the manuscript and approved the final version.

Funding

None.

Ethical approval of studies and informed consent

Not applicable.

Acknowledgments

None.

Reference

- [1] Barone M, Frontera R, Liouras R V, et al. Non-occlusive mesenteric ischemia in critically ill patients: does bedside laparoscopy offer any real benefit?. *Emerg Crit Care Med.* 2024;4(4):139–142. doi:10.1097/EC9.000000000000107

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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Emergency and Critical Care Medicine (2026) 6:3

Received: 27 April 2026; Accepted: 26 May 2026.

Published online: 21 July 2026

<http://dx.doi.org/10.1097/EC9.000000000000199>

How to cite this article: Deryol R. Re: Non-occlusive mesenteric ischemia in critically ill patients: does bedside laparoscopy offer any real benefit?. *Emerg Crit Care Med.* 2026;6(3):127. doi: 10.1097/EC9.000000000000199