

INPLASY

Comparison of partial splenic embolization and splenectomy for traumatic splenic rupture: a meta-analysis

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ADMINISTRATIVE INFORMATION

Support - None.

Review Stage at time of this submission - Preliminary searches.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY202390080

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 24 September 2023 and was last updated on 24 September 2023.

INTRODUCTION

Review question / Objective To conduct a meta-analysis to compare the clinical effectiveness and safety between partial splenic embolization and splenectomy for traumatic splenic rupture.

Condition being studied Both partial splenic embolization and splenectomy have been used for traumatic splenic rupture. The relative effectiveness and safety are still unclear.

METHODS

Search strategy (((embolization) OR (PSE)) AND (((surgical) OR (surgery)) OR (splenectomy))) AND (splenic rupture).

Participant or population Patients with traumatic splenic rupture.

Intervention Partial splenic embolization.

Comparator Splenectomy.

Study designs to be included Comparative study.

Eligibility criteria Studies eligible for inclusion:(a) Study types: comparative analyses;(b) Diseases: traumatic splenic rupture;(c) Intervention types: PSE vs. splenectomy;(d) Languages: not limited.

Information sources PubMed, Web of science, Wanfang.

Main outcome(s) Total complication rate.

Quality assessment / Risk of bias analysis For randomized controlled trials (RCTs), study quality was evaluated using the Cochrane risk-of-bias

tool. For non-RCTs, the Newcastle-Ottawa scale (NOS) was used to score studies.

Strategy of data synthesis RevMan v5.3 and Stata v12.0 are used to perform these analyses.

Subgroup analysis None.

Sensitivity analysis Yes.

Country(ies) involved China.

Keywords PSE, Splenectomy, Rupture.

Contributions of each author

Author 1 - Feng-Fei Xia.

Author 2 - Quan-Kui Li.

Author 3 - Yi Zhang.