

Re: Wirjopranoto S. Comparison between neutrophil-to-lymphocyte ratio and platelet-to-lymphocyte ratio as predictors of mortality on Fournier's gangrene cases. *Indian J Urol* 2023;39:121-5

We read with interest, the retrospective observational study on Fournier's gangrene by Wirjopranoto^[1] in the recent issue of the journal. We noticed certain discrepancies in the article that need clarification.

In the result section of the abstract, it is mentioned that "men were 103 patients." This seems to be incorrect as there were 112 (82.96%) men. In abstract 23 non-survivors while in table-1 30 non-survivors i.e different value is quoted for same entity. In the results, it is mentioned that the "neutrophil-to-lymphocyte ratio (NLR) score was lower in the nonsurvivor group," but actually, it is higher in the nonsurvivor group in contrast to the survivor group, 16.5 ± 24 versus 15.5 ± 10 ($P = 0.05$). Finally, in the discussion, it is stated that "findings of Sorensen *et al.*, who discovered that the prevalence peaks at the age of 50," but this is not actually mentioned in the study by Sorensen *et al.*^[2]

We would also like to highlight a few points for consideration to add more value to the study. The cutoff values of the NLR and platelet-to-lymphocyte ratio have not been established based on level 1 evidence. Based on STROBE guidelines, if these things are added to the present study, it will be more valuable to the study: the title of the study should include the study's design, the authors should mention the setting and location of the study in the methodology, potential confounders and effect modifiers should be enumerated, authors should list efforts made to address potential sources of bias and limitations of the study, taking into account sources of potential bias or imprecision, should be enumerated.

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2. Sorensen MD, Krieger JN, Rivara FP, Klein MB, Wessells H. Fournier's gangrene: Management and mortality predictors in a population based study. *J Urol* 2009;182:274-27.

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