in Medline, EMBASE, International Pharmacological Abstracts and the Cochrane Collaboration. Two independent reviewers identified the abstracts, selected the full articles, and extracted the data. Odds ratios and weighted means differences were calculated. Random effects models were employed in the analyses with RevMan v.3.0 software.

RESULTS: A total of 123 studies were reviewed and 10 trials were finally selected where parecoxib was assessed in hip, knee, and spine surgeries, as well as bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy. In 6/10 studies, parecoxib 40 mg showed a higher global treatment rate (OR 0.18; 95% CI 0.07–0.47), as well as in cumulative bunionectomy.