Authors’ Reply

Sir,
We thank Dr. Raveenthiran for having raised the possibility of the ‘perforation’ being a patent vitellointestinal duct in our reported case.[1] Intraoperatively we considered this possibility but the perforation site was mid-ileal and so too proximal to be a patent vitellointestinal duct.

Why did the perforation occur? Figure 1 in the case report clearly shows a narrow neck of the omphalocele. This produced a vascular ischemia of the bowel within the body and fundus of the omphalocele. The dilated proximal bowel seen in Figure 2 is consistent with the observation of a narrowing effect at the neck of the omphalocele. Probably the vascular compromise was partial and so resulted in a perforation at the antimesentric border of the ileum. As regards the absence of spillage in the peritoneal cavity. The margins of the perforation were adherent to the omphalocele sac. We know that the development of adhesions following abdominal surgery are due to devitalized segments attempting to obtain a fresh source of blood supply for its survival.

Let us consider the situation the other way. If it was a patent vitello intestinal duct, why is the proximal bowel dilated?

REFERENCE


R. Kale, R. Handa, M. M. Harjai
Army Hospital (Research and Referral),
New Delhi - 110 010, India.
E-mail: harjai101@hotmail.com