Letters to Editor

A simple combined antegrade and retrograde dilatation technique

Sir,

Anastomotic stricture following complex esophageal and urethral anastomosis is often a distressing problem. Transanastomotic stenting and postoperative dilatation appears to be a useful adjunct in the management of this problem. Combined antegrade and retrograde dilatation is a very useful technique for difficult strictures.\(^{1-3}\) We have used a simple novel technique of combined antegrade and retrograde dilatation after difficult esophageal and urethral anastomosis with satisfactory result. Eight cases, four each of difficult esophageal and urethral end-to-end anastomosis were dilated using this technique. Three cases had long-gap esophageal atresia. Initial esophagostomy and subsequent esophageal lengthening followed by an end-to-end esophageal anastomosis was performed. Since a high incidence of esophageal anastomotic strictures were reported following this procedure,\(^{4-5}\) we stented the anastomosis with a Ryles tube of appropriate size and prophylactically started dilating the esophagus after two weeks. The trans-anastomotic stent was replaced with a trans-anastomotic thread of thick nylon or silk, and the ends were secured outside the nose and abdominal wall at the gastrostomy site. The dilatation was performed under a short general anesthesia by tying a Ryles tube or a Foley catheter of appropriate size to the trans-anastomotic thread at the gastrostomy site and pulling out the other end of the thread through the mouth or nose. Similar dilatation technique was applied in another patient after resection and end-to-end anastomosis of a corrosive stricture of middle third of the esophagus. The interval and number of dilatations varied, however, an average of three dilatations at an interval of two weeks was found to be effective. The trans-anastomotic thread was left for a long time for any future need of dilatation. No complication following the dilatation was encountered. Four cases of traumatic stricture of the membranous urethra underwent end-to-end anastomosis over a transanastomotic stent (a silicon Foley catheter), which was tied to a suprapubic catheter (Malecot). Three weeks later the stent was replaced with a thick prolene thread, the two ends of which were secured at the external meatus and the suprapubic site [Figure 1]. Combined antegrade and retrograde dilatations were performed by tying a Ryles tube or a Foley catheter of appropriate size to the thread. An average of three dilatations at two weeks interval was found to be sufficient. No complication was encountered. Various techniques are available for dilatation of the esophagus and urethra; however, these techniques require the availability of endoscopy, fluoroscopy, various dilators, guide wire and balloon. Our technique of simple combined antegrade and retrograde dilation of the esophagus and urethra is unique. The merits of the technique are as follows: 1) simple; 2) quick; 3) safe, as chance of perforation or false passage is remote; 4) effective; and 5) does not require fluoroscopy or any special dilator.

REFERENCES


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Figure 1: Urethral trans-anastomotic thread following end-to-end anastomosis
Letters to Editor

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Accuracy of the references in JIAPS

Sir,

References of a biomedical journal form an important component of a scientific communication. Accurate references add to the credibility of the publication, authors and the journal. This study was conducted to find out the accuracy of references in the Journal of Indian Association of Paediatric Surgeons (JIAPS).

All the 114 references in the articles published in the January–March 2008 issue of JIAPS were listed. An attempt was made to verify the references from the original articles or from the internet sources available. A total of 106 (91%) references could be checked. References from the text books and other publications (n = 8) could not be verified, which included one reference from a journal due to nonavailability.

A total of 29 references were found to have errors (27.5%). Major errors included wrong first author name (n = 7), wrong journal name (n = 2), wrong year (n = 1), wrong volume number (n = 1) and wrong first page number (n = 2). Minor errors included wrong coauthors' names (n = 22), wrong number of coauthors (n = 5), short title (n = 1), wrong journal abbreviation (n = 1) and wrong last page number (n = 2). The most common error was found to be in the names of authors in different forms. Two internet references were wrongly cited and one of these could not be traced.

References in a scientific publication are a source of information for the readers. It is very important for the references to be correct as incorrect references frustrate the reader while searching for related articles.

Despite editorial instructions for checking the references accurately before a manuscript is submitted for publication and availability of various electronic resources, this continues to be a major problem in almost all the specialty journals. Mohta and Mohta [1] found an error rate of 80% in a surgical speciality journal from India while an earlier study by Evans et al.,[2] found an overall error rate of 48%. The error rate in different pediatric journals has been found to vary from 29 to 39%.[3,4] Although the number of internet citations in scientific communications is still very low,[5] these have been found to become inaccessible very quickly.

The primary responsibility of checking the references lies with the authors, but the editorial board and the reviewers also need to be vigilant by randomly checking the references. JIAPS needs to be complimented for a low error rate as compared with other journals, but this needs to be further brought down. This can only be done by more careful citations provided by the authors after checking primarily from the original articles. Cross references need to be thoroughly verified before citation. Internet citations need to be carefully cited as per guidelines. JIAPS should include a sample of the format in the common examples given in the "Instructions to Authors," as their use is likely to increase in the near future.

REFERENCES