The Editor-in-Chief

Journal of Bangladesh College of Physicians & Surgeons.

Subject: A letter to the Editor on an article titled “Jarcho-Levin Syndrome-A case Report”.

Dear Sir,

This is my pleasure to inform you that I am a senior fellow (Fellow No.-388) and a regular reader of the Journal of Bangladesh College of Physicians & Surgeons. Reading a journal article helps us to keep updated and to learn about the standard format for publication of a scientific article in a Biomedical Journal. Keeping these views in mind I have gone through the above mentioned article ‘Ref.: J Bangladesh Coll Phys Surg 2015; 33:222-224’.

I must thank you and the authors of the article for giving me the opportunity to learn about a very interesting and rare case “Jarcho-Levin Syndrome”. I appreciate the authors for reporting such an interesting case. As I was going through the article, I have experienced some lacking in different parts of it which I would like to share with you and the authors.

The overall getup of the article is excellent. The introduction is nicely written but citation of reference is missing from an important information “Occasional abnormalities may be cleft palate, hydronephrosis with ureteral obstruction, anal atresia and neural tube defects (33%)”. Any information used in a scientific article (which is not the words of the authors’ own) needs a specific reference.

The description of the case in the Case Report section seems to be quite good but it has some flaws and missing information as follows: The description of the case could have been started as “An 8-hour-old female term newborn presented with……since birth” inspite of ‘A female term 8 hour old newborn presented with……since birth’. ‘Baby was delivered normally and cried immediately after birth’- the place of delivery of a newborn is very important for presenting a case, which is missing here.

The presentation of the findings are incomplete and not sequential. “Vital signs were normal though chest cage was abnormal” what abnormality was present in chest cage that should have been mentioned. The examination of the swelling is not sequential. Site of the swelling should be more specific (whether whole lumber region or a part of it). Measurement of the swelling should be placed next to the site. Reflexes should be the last part of newborn examination, which is placed before the examination of swelling. Lower limb measurement should have been placed along with neck and trunk as a part of anthropometry. Interestingly nothing has been written about the upper limbs.

As a rule - if there is a congenital malformation we have to search for anomalies in other organs. But, nothing has been mentioned about heart, lungs or kidneys in this report. Even in a case report it must have a provisional diagnosis (on the basis of clinical presentation) before performing investigations for confirmation which is missing here.

Discussion is very thorough but not focused on the reported case. It should have been more concise and focused. Pictures are well presented. Although the references are old, I have been benefited from the literature review and discussion.

Finally, I appreciate the authors for their hard work and would request them to be generous to accept my constructive criticism to keep it up.

With regards

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Professor & Head,
Dept. of Paediatrics
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Author's reply

The Editor-in-Chief,
Journal Of Bangladesh College of Physicians and Surgeons

Dear Sir,

Thank you very much, for going through the article meticulously. I also appreciate your decision, to share your suggestions and for pointing out the lackings in...
different parts of the article. I fully agree with you that citation of reference is missing in the introduction, which would be as follows:


The place of delivery was SSMC Mitford Hospital. The abnormality that was present on the chest cage was anterior bulging of the chest. Site of swelling was lumbosacral region. Upper limbs were normal. Of course, reflexes should be the last part of Newborn Examination. This was mentioned earlier by mistake. Provisional diagnosis was Meningomyelocele with chest deformity. Clinically heart, lungs and kidneys were normal.

Again, I thank you for your constructive criticism. I hope my corrections will be helpful for the readers.

Yours Sincerely,

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Dept. of Neonatology  
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