LETTER TO THE EDITOR

To
Editor in Chief
Journal of Bangladesh College of Physician and Surgeon,

Sir,
I had gone through the review article of your valuable journal (Vol.28 No 3, Sep.,2010) title with “Evaluation and management of Obscure Gastrointestinal Bleeding” by S Parvin et al and have few observation.

a. The review criteria were not mentioned. A systematic review with Pubmed, embase or Cochrane collaboration for specific duration of time would have been more informative in review process.

b. The content and illustration of the articles were very nice.

c. Less common causes of OGIB include hemosuccus pancreaticus, Strongyloides stercoralis infection, pelvic radiotherapy, pseudoxanthoma elasticum, and Dieulafoy’s lesions. The first four are uncommon causes of OGIB but preferably can be included in the review article. One strongyloid stercoralis patient presented with haematemesis and melena had been recently proven by Prof Quazi Tarikul Islam et al (on process of publication). Munchausen’s syndrome patient can have taken animals and avians blood secretly and presented with OGIB.

d. The tabulated investigations are nice to look but it would have been more better if readers came to know the sequential steps of doing investigation.

e. The flow chart looks large. The visible bleeding if presented with no active bleeding, then routine endoscopy was advised for repetition but thereafter the steps are missing. The flow chart cab be repeat endoscopy, if negative capsule endoscopy, if it is positive, then enteroscopy and if it is negative then consider enteroscopy or other investigations including nuclear scan to angiography. A simple format of western Australia can be searched for (www.imagingpathways.health.wa.gov.au/.../gi_obscure/chart.html)

References:

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Author’s Reply
We are pleased and thankful for taking the pain and pleasure of reading the article and nice comments. As we have classified the causes of OGIB on the basis of site so Munchausen’s syndrome may be included in serial no 7 (no identified source). Other four causes pointed out are mentioned in the article. Hemosuccus pancreaticus is an extraintestinal site of OGIB discussed as haemobilia/Wirsungorrhagia, Strongyloides mentioned under the head of colonic cause, pelvic radiotherapy under the head of radiation damage and pseudoxanthoma elasticum under the head of physical examination. Sequential steps of tabulated investigations are discussed under investigations though in short due to volume reduction before publication. Regarding the flow chart, steps following repeat routine endoscopy are not missing. It is given in the left as it continues “repeat routine endoscopy”. Sorry for the misunderstanding. Perhaps an arrow pointing towards the middle would have explained it better. Criteria of the review is a mixed one and includes information up to 2008. We gladly accept your comments as source of inspiration.

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