LETTER TO THE EDITOR

(J Bangladesh Coll Phys Surg 2011; 29: 53)

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 [1], Strongyloides stercoralis infection, [2], pelvic radiotherapy, [3]pseudoxanthoma elasticum, [4] and Dieulafoy's lesions [5]. 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 melaena had been recently proven by Prof Quaz i Tarikul islam et al (on process of publication). Mauchausens 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 reraders came to know the sequentials 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:

1. Risti B, Marincek B, Jost R, Decurtins M, Ammann R. Hemosuccus pancreaticus as a source of obscure upper gastrointestinal bleeding: three cases and literature review. Am J Gastroenterol 1995;90:1878-80.
2. Bhatt BD, Cappell MS, Smilow PC, Das KM. Recurrent massive upper gastrointestinal hemorrhage due to Strongyloides stercoralis infection. Am J Gastroenterol 1990;85:1034-6.
3. Taverner D, Talbot IC, Carr-Locke DL, Wicks AC. Massive bleeding from the ileum: a late complication of pelvic radiotherapy. Am J Gastroenterol 1982;77:29-31.
4. Morgan AA. Recurrent gastrointestinal hemorrhage: an unusual cause. Am J Gastroenterol 1982;77:925-8.
5. Blecker D, Bansal M, Zimmerman RL, Fogt F, Lewis J, Stein R, et al. Dieulafoy's lesion of the small bowel causing massive gastrointestinal bleeding: two case reports and literaturereview. Am J Gastroenterol 2001;96:902-5.

Dr. Robed Amin
Assistant Prof. of Medicine
DMC, Dhaka

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 haeobilia/Wirsungorrhagia, Strongyloides is mentioned under the head of colonic cause, pelvic radiotherapy under the head bleeding from any site as 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 upto 2008. We gladly accept your comments as source of inspiration.

Dr. Shaila Perveen
Classified Medical Specialist
CMH, Patenga, Chittagong