

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Torsion of Appendices Epiploicae of the Colon: A Case Report

SIR, — This is in reference to the article titled "Torsion of appendices epiploicae of the colon: a case report" published in the September, 2007 issue of JIMA. In this regard I would like to point out that the author has not tried to look for previous reported cases. The impression created that only two such cases have been previously reported is totally wrong. The author should consult the June issue of Journal of Minimal Access Surgery 2007¹ for further material.

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strip of the external oblique aponeurosis (EOA) goes behind the cord to form a new posterior wall. After excision of the sac, a strip of the EOA is partially separated from its medial leaf, keeping its continuity intact at either end. This undetached strip of EOA is sutured to the inguinal ligament below and the arch of muscle above, behind the cord, to form a new posterior wall. This strip is put under tension by muscular contraction and works as a shield to prevent recurrence. External oblique muscle gives additional strength to the weakened muscle arch to keep this strip physiologically dynamic.

I have recently published an article 'Physiological repair of inguinal hernia – a new technique' in *Hernia*. The 0% recurrence rate, minimal pain, one night stay and complete recovery in 1-2 weeks time is seen because this repair is based on the physiological principle and not on the anatomical principle as seen in the mesh repairs.

I also do not agree with the statement that the shutter mechanism, interaction of abdominal muscles and the positioning of the gut due to contours of the abdominal wall really plays effective role in the prevention of hernia formations. I have already put a question mark on those old concepts of the obliquity of inguinal canal or shutter mechanism and published new theories or concepts that prevent herniation in the normal individuals. The presence or absence and the number of the aponeurotic fibres seen in the 'aponeurotic extensions' from the transversus abdominis aponeurotic arch in the posterior wall plays a real role in the prevention of hernia formation. Posterior wall of the inguinal canal is composed of two layers, aponeurotic extensions and the transversalis fascia, as against the general belief of only transversalis fascia. Shielding, compression and squeezing action of the strong musculo-aponeurotic structures around the canal also play an equally important role.

The use of hernial sac for repairs just cannot be considered in any way you suture it because the sac is nothing but protrusion of the peritoneum, which is papery thin and it does not have any strength per se to prevent the future herniation or recurrence. Whatever, postoperative protection is received by the patient in their study is probably because of the tightening of the internal ring (Marcy's repair) or the suturing of the conjoint tendon to the inguinal ligament (Bassini's repair). Therefore, this repair is neither similar to nor a modification of Desarda's repair or even mesh repair. I will request the authors and the readers to try 'Desarda's repair' which is simple, cost effective, without any recurrence, without any foreign body and is based on the new concepts of the physiology of inguinal canal.

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1 Desarda MP — Physiological repair of inguinal hernia – a new technique (study of 860 patients). *Hernia* 2006; 10: 143-6.

Formation of Indian Medical Federation

SIR, — I am a life member of IMA since 1958. I am referring to Dr Ajay Kumar's Presidential address delivered at IMACON, 2006 at Patna. This address is somewhat different from his predecessors. I would like to mention about one of his agenda was formation of Indian Medical Federation. This is the only way to make us strong to fight and face the challenges faced by medical fraternity. Through this journal I would like to inform Dr Ajay Kumar that when I was President of ISA in 1982, I suggested for formation of Indian Medical Federation.

In the present democratic set up nothing works except trade unionism. This one may consider a little unethical in medical profession

I Bandyopadhyay SK, Jain M, Khanna S, Sen B, Tantia O — Torsion of epiploic appendix: an unusual cause of acute abdomen. *J Minimal Access Surg* 2007; 3: 70-2.

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The contents of the above letter was sent to the author for clarification, his reply is as follows.

SIR, — Being a surgeon I am on the readership of the Journal of Minimal Access Surgery and aware of and was equally surprised to read the article in the said journal and much more surprised with the response. When I submitted my article long way back, I had scanned the internet and I could get only limited literature on this subject. In fact the internet was in infancy, not that easily available and I remember having gone to the National Library to get the references from the internet. In fact most of the articles were from Russia. Even the article mentioned in the Journal of Minimal Access Surgery on similar case reports a reference from Russia. All the references mentioned (barring one) in the article carries references 2000 onwards (after I had already submitted my article).

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Though the article was submitted long way back, till the observation made by the author of the article carry references from journals published in the years of 1969 and 1984. Dr Iqbal Saleem deserves congratulation for his comments and so also the author for his reply. No further correspondences would be entertained on this article further.

— Hony Editor

A New Technique of Inguinal Hernia Repair – Neither Similar to nor Modification of Desarda's Repair

SIR, — I read with interest the article 'Repair of inguinal hernia by a simple technique – a preliminary observation' by Giri *et al*, in the January 2007 issue of the JIMA. I am thankful to them all for giving reference of my operation technique in their article. But I do not agree the procedure followed in their technique of hernia repair is like that of "Desarda's repair" with some modification. In my repair, a