

## LETTER TO THE EDITOR

### REDUCING MORTALITY FROM PERFORATED PEPTIC ULCER IN NEPAL

Dear editor,

It is a great knowledgeable about the study done by Strugnelli N. A., Dept. of Surgery, UMH, Tansen. It is no doubt about the disease that is more prevalent in the Nepalese community. The study is much more informative on the topic along with the data, which showed decrease in mortality due to perforation of peptic ulcer in prospective study (Group 2) compare to retrospective study (Group 1) even no significance.<sup>1</sup>

By this study, it is showing that this sort of complicated surgical procedure can be performed and managed even in remote place with limited resources. Moreover, it is better idea to train more GP surgeons who works in remote areas with limited resources but good skill.<sup>1</sup>

It is said patients having laparotomy for treatment of perforated duodenal or benign gastric ulcer even if the initial laparotomy had been performed elsewhere is not very much clear condition for the study.<sup>1</sup> However, considering the increase mortality of previously operated cases may be bias comparing with new study.

Here are some points to note on this study:

1. The gold standard of diagnose Peptic Ulcer is Endoscope therefore it can be used more rather waiting after treatment and then Endoscopy; it is clear that early diagnosis and treatment less chance of complications.<sup>1,8</sup>
2. It could be much more informative if the study includes the type and site of perforation, surrounding tissue damage, peritoneal fluid type +/- quantity, duration of surgical intervention and most common complication and outcome.<sup>5,6,7</sup>
3. In addition, elaborating the common reason for the perforation, its knowledge about the problem from the patient as well as party so that the information can represent the Knowledge, attitude and practice of the illness in the community; and this will be the strong weapon for the preventive measures in the Nepal.<sup>1,3</sup>

4. Regarding the Triple therapy, it needs to update with other regime, more new and powerful drug are available.<sup>4</sup>

Finally, I would like to request other concern people to do more work in this concern field for better human kind.

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### REFERENCE

1. Strugnelli N. A., Reducing Mortality from Perforated Peptic Ulcer in Nepal, *JNMA* 2003; 42: 160-62.
2. Stanley W. Ashley, Denis Evoy, John M. Daly, the Stomach; Principles of Surgery, Schwartz, 7th Edition, 24: 1181-1215.
3. Maurice King, Peter Bewes, James Cairns, Jim Thornton, The surgery of the stomach; Primary Surgery, Vol. one, Non Trauma 1990, 11: 170-181.
4. Daniel K. Podolsky, Kurt J. Isselbacher, Disorders of the Gastrointestinal System; Principles of Internal Medicine, Harrison's 15<sup>th</sup> Edition, Part 11, Sec 1, 282: 1631-1665.
5. William G. Barson, Mark J. Lowell, Leslie Rao wolf, Disorders of the UGI Tract; Emergency Medicine, Concepts and Clinical Practice, Rosen & Barkin, 4th Edition, Vol. 2, 115: 1959-1978.
6. Posterior perforation of peptic ulcers: presentation and outcome of an uncommon surgical emergency; Wong CH et al, Department of General Surgery, Singapore General Hospital, Singapore, Surgery. 2004 Mar; 135(3): 321-5.
7. Risk factors predicting operative mortality in perforated peptic ulcer disease, Rajesh V et al, Department of Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry 605006. *Trop Gastroenterol*. 2003 Jul-Sep; 24(3): 148-50
8. Routine use of laparoscopic repair for perforated peptic ulcer., Siu WT et al, Department of Surgery, Pamela Youde Nethersole Eastern Hospital, Chai Wan, Hong Kong, China. wtsiu@netvigator.com, *Br J Surg*. 2004 Apr; 91(4): 481-4.

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