LETTERS

Flush endoscopic variceal injectors with acetone after glue injection

Endoscopic injection of cyanoacrylate glue is effective in the management of bleeding esophagogastric varices. A disadvantage of glue is the risk of blocking the injector and the suction and air channels of the endoscope. Acetone effectively dissolves cyanoacrylate glue. We used this agent to flush our injectors after glue injection.

We use an indigenous injector for glue injection; multiple injectors are used at each session. As soon as the injector is removed from the endoscope after glue injection, the inner tubing is removed from the outer sheath and both are flushed with 2 mL acetone. They are then air-dried and are ready for reuse. We used to discard two of every three injectors during each session earnest; since the last six months, when we have been using acetone to clean them, we have saved all our injectors.

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References

Hepatitis B acquired from a barber’s shop

Recently we came across a household in which three children suffered simultaneously from acute viral hepatitis B. One child (11-year-old) developed a prodr um followed by mild jaundice and was found to have hepatomegaly on clinical examination. Liver biochemistry was suggestive of acute hepatitis. He was HBsAg and IgM anti HBe positive. The boy recovered uneventfully in three weeks.

The other two children (13-year-old brother and a 14-year-old family help) were asymptomatic, but an investigation were found to have increased transaminases (4 to 5 times normal) with normal serum bilirubin. Both of them were HBsAg and IgM anti HBe positive. These children were tested to know the source of infection. The parents did not give a history of jaundice and were negative for HBsAg. There was no history of transfusion of blood or blood products, injections, tattooing, acupuncture or sexual assault. On further evaluation, it was observed that the three children had had a hair cut at a roadside barber shop on the same day, about six weeks ago.

In India, there are many barber shops where strict hygiene is not maintained and razor blades are not changed after each use. Shaving and haircutting lead to minor trauma and blades or scissors infected with HBsAg-positive blood can transmit infection. We suspect that this was the source of infection in these children, though we cannot rule out another inapparent source.

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Reference

Polypectomy: no right way to do wrong things

The report by Dr Nijhawan and colleagues recommending alcohol injection into the stalk for pedunculated polyps raises many issues. First, because the polyp is not retrieved, information on the histologic type, presence of cancer, depth of malignant infiltration, etc is not obtained. This is very important in deciding on further management of patients with gastrointestinal polyps. Second, endoscopy has to be repeated to see if the polyp is shed, adding to the uncertainty, discomfort, risk and costs.

Finally, because the complication rate of conventional polypectomy is very low, a sample size of hundreds of procedures will be required before one concludes that injection polypectomy is safe. I have come across a patient who bled massively after his duodenal polyp was injected with alcohol at another hospital.

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Reference

Reply from the authors

Alcohol is injected at the junction of the polyp with the stalk rather than toward the gastric wall; this prevents complications. Injection polypectomy is recommended for pedunculated gastric polyps; duodenal polyps usually do not have a long stalk.

Injection polypectomy does not have the disadvantage of losing the polyp; however, biopsy before the procedure and check endoscopy three weeks later to confirm shedding of the polyp, along with biopsy (if required) from the remnant of the stalk, will help avoid this disadvantage.

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