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References


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Reply from the authors

We believe that the chances of recall bias cannot be exclusive for tea. This should be applicable as well to alcohol, tobacco and other dietary factors.

The finding reported by us gives an odds ratio for tea consumption >3 cups per day as 3.3 (1.7 to 6.1). The patients were drinking anywhere up to 15 cups a day. A report from the National Institute of Nutrition observed the risk of esophageal cancer to be 2.4 (1.5-3.9) when >2 cups of tea per day was taken.¹ Tea drinking has been considered as a risk factor for cancer in Kashmir. Coimbatore, situated in the foothills of the Nilgiris, has a cooler climate, and hence it is possible that the residents here drink tea more often. Our preliminary observation necessitates a study on the constituents of the tea in the Nilgiris belt of Tamil Nadu state.

Confounding or bias is largely eliminated in case-control studies by the matching of socioeconomic characteristics and place of residence. An in-depth interview with sufficient probing is unlikely to have resulted in an error in data collection. Also, many behaviors do not leave physical changes that can be confirmed by observation. We could have done a logistic regression on these data, but the number of cases and controls with individual factor was small and hence the confidence interval obtained for the log co-efficient and the log odds would not permit us to get a true picture of the effect of tea alone.

We believe that tobacco usage in southern India is less compared to other parts of the country; in support is the higher prevalence of lung cancer in Mumbai for example, as compared to southern states like Karnataka and Tamil Nadu. Four major cancer registry areas in India document cancer of the oral cavity, including the pharynx, as the most common cancer in men. The next common sites of cancer are the stomach and lung in Bangalore and Chennai, whereas the lung is the second most common site for risk of cancer in Mumbai and Delhi.²

Phukan et al³ also report that the risk for esophageal cancer associated with tobacco smoking and alcohol consumption is less in Assam than that associated with the chewing of betel nut. This study did not however look into the association with consumption of tea.

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References


Symptomatic sinus bradycardia with infliximab

Infliximab, a chimeric human-murine monoclonal antibody, has been used as therapy in patients with severe ulcerative colitis. Various adverse effects have been reported with infliximab; the commonly reported cardiac side effects are exacerbation of congestive heart failure, hypotension and syncope.¹ Symptomatic disorders of cardiac rhythm associated with its use have been reported only rarely.²

A 22-year-old man presented with recent flare of ulcerative colitis. He had been on oral mesalamine (2.4 g daily) since a year and a half. Physical examination showed pallor, pulse 94/min, blood pressure 110/70 mmHg. Abdominal examination revealed mild tenderness in the left iliac fossa. Laboratory data included hemoglobin 10.6 g/dL, WBC count 9600/cumm (69% polymorphs) and ESR 72 mm in 1st hour. Blood sugar, biochemical renal and liver tests, serum electrolytes, and coagulation profile were normal; blood culture, stool routine and culture, and CMV serology were negative; serum albumin was 2.6 g/dL. Colonoscopy revealed active disease with diffuse hyperemia, edema, friability, with discrete ulcerations. The disease activity index was calculated as 240. He was started on intravenous fluids, hydrocortisone and parenteral epinephrin and metronidazole. However, there was no significant improvement in the frequency of stools and bleeding per rectum.

He was started on infliximab (Remicade; Schering Plough) 300 mg infusion over 4 hours on day 5 of hospitalization. One hour following transfusion he complained of fainting and dizziness and had heart rate of 39 beats per minute and blood pressure 100/70 mmHg. Electrocardiography showed sinus bradycardia with normal axis, QRS complexes and QTc interval. Serum electrolytes including serum calcium and magnesium were normal. His heart rate improved to 70 beats/min with injection of atropine, which had to be repeated twice over the next 24 hours. The bradycardia did not recur after 24 hours. Echo-cardiography, exercise ECG and Holter studies, which were done later, were normal. There was no family history of cardiac disease in the young.

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The temporal relation of sinus bradycardia to infliximab treatment raises concern for this as a possible drug-related complication, and suggests that regular monitoring of pulse rate is required with use of infliximab.

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Atypical presentation of Boerhaave's syndrome

Esophageal perforations occurring in the absence of precipitating factors are designated as Boerhaave's syndrome. They almost always result from increased intra-abdominal pressure transmitted to the esophagus against a closed glottis. Increased intra-abdominal pressure usually results from violent retching and vomiting, and occasionally during defecation, parturition, seizures, weight lifting, or attack of bronchial asthma. Perforation occurring in the absence of vomiting usually proves to have some underlying disease of the esophagus.

A 4-year-old girl presented with history of fever and excessive crying without significant antecedent history. The child had been eating and drinking properly previously. On examination, the child was awake, conscious and alert, with acute severe respiratory distress and mild dehydration. Respiratory system revealed signs of consolidation on the right side, mostly of the lower lobe. Laboratory data revealed a total count of 18,000/cumm and ESR of 37 mm in 1st hour. Chest radiograph was suggestive of right-sided hydropneumothorax.

Right-sided intercostal drainage tube drained 1 liter of purulent material, suggestive of pyopneumothorax. Supportive treatment was instituted. The next day the child was given feeds orally, which subsequently drained out from the drainage tube. A leak in the esophagus was suspected and gastrogram study performed. It confirmed the present of leak from the distal esophagus. Urgent exploratory thoracotomy was carried out on the left side. It revealed a 2 cm x 1 cm sized perforation in the distal esophagus. Primary repair was carried out with placement of feeding jejunostomy. The postoperative period was complicated by sepsis and renal and respiratory failure requiring ventilatory support. The patient was discharged 66 days after her initial presentation in a relatively healthy condition.

A majority of esophageal perforations occur on the left posterolateral wall of the distal esophagus. This may be due to the lack of supporting structures. The classical triad of chest pain, vomiting, and subcutaneous emphysema is rarely seen in patients with Boerhaave's syndrome. But a majority of them have an episode of vomiting or other discrete events preceding other symptoms. As unusual as is Boerhaave's syndrome, it is extremely rare for an atraumatic rupture of the distal esophagus to gain access into the right pleural cavity.

Our case represents an atypical presentation of spontaneous esophageal rupture. There was no history of retching or vomiting. The child did not have any antecedent conditions that would have predisposed to an esophageal tear. These features along with free rupture into the right pleural cavity and occurrence in a child make this an unusual presentation of an uncommon syndrome.

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