Correspondence

Gastric volvulus in infancy and childhood

Sir,

Volvulus by definition is torsion of the loop of bowel causing obstruction,[1-3] which means there should be an obstruction to the cardia, pylorus or both in order to call it gastric volvulus with possible compromise of the blood supply causing necrosis. Figure 1 in the article[4] is showing barium meal study with no volvulus, but the position of stomach showing greater curvature up and fundus down which is a common situation in children which we call 'cup and spill'[5] or flipped over stomach usually due to the laxity of the 4 ligaments holding the stomach, that's why you can see the barium has entered and left the stomach which does not happen in volvulus. Flipped over stomach 'cup and spill' is commonly associated with gastro-esophageal reflux. I believe that most of the cases are flipped over stomach and that is the reason they have vomiting, failure to thrive and lax ligaments as you show in Table 1 of the article. If no hernia is present flipped over stomach requires no surgery and the ligaments may strengthen with growth unless gastro-esophageal reflux is causing failure to thrive. So, fundoplication is needed.

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Reply from the Author

I read with interest the correspondence which was sent by Dr. Khalid Al-Mane regarding gastric volvulus in infancy and childhood.[4] Gastric volvulus is by definition an abnormal rotation of one part of the stomach around another along its coronal or sagittal axis, and the clinical symptoms depend on the degree of rotation and obstruction.[6] In fact, gastric volvulus is divided into 2 types, acute which is a surgical emergency and chronic. Children with chronic gastric volvulus usually present with recurrent vomiting plus or minus failure to thrive. Dr. Khalid Al-Mane calls it flipped over stomach. We, like others,[6-8] call it chronic gastric volvulus. We do agree with Dr. Al-Mane that not all cases of chronic gastric volvulus require surgery. In fact, our decision to operate on these patients depends mainly on their symptomatology. In addition to the series we have reported, we are now treating conservatively 5 children with mild symptoms and radiological evidence of chronic gastric volvulus. Children with persistent vomiting with or without failure to thrive on the other hand, we treat surgically by gastropexy. We like others[6-8] believe that gastro-esophageal reflux in these cases is secondary to the volvulus and does not require fundoplication. This is supported by the dramatic response to gastropexy without fundoplication.

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Hypercalcemia due to Parathyroid Adenoma

Sir,

The interesting article of "Hypercalcemia due to Parathyroid Adenoma" by Dr. Qari and co-worker[1] consists mostly of clinical and lab or paraclinic clues for diagnosis of parathyroid adenoma. However, some other information, including the etiology at the molecular or gene level and the use of other diagnostic procedures, is also important to mention. For example, in a survey for identifying the oncogenes activated in parathyroid adenoma, it is estimated that there is a high frequency of keratinocyte growth factor receptor in this tumor[2] and

in sporadic cases of parathyroid adenoma, loss of some specific regions in chromosome 11[2] and loss of some markers on the short arm of chromosome 1 (due to tumor-suppressor genes on 1P are also estimated.[3] In diagnostic procedures, it is also examined that color doppler sonography has an accuracy rate of 86.6% in helping the detection of parathyroid adenoma.[4] Another important point, which I think is of interest to mention, is that the cytological picture of parathyroid adenoma mimics that of lymphocytic thyroiditis in a fine needle aspiration specimen, and we should look for the presence of prominent capillaries for correct diagnosis (in spite of a clinical history of hyperparathyroidism).[5]

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Reply from the Author

I thank Dr. Pahlavan for his correspondence and his comments regarding the etiology at the molecular or gene level by using other diagnostic procedures. I totally agree with his comments and thank him for them. I did not go into detail in my manuscript as it was written as a Case Report and we concentrated mainly on the clinical diagnosis.

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