Reply

A. Pandey · V. Kumar · A. N. Gangopadhyay

Published online: 10 March 2009
© Société Internationale de Chirurgie 2009

Sir,

Thank you for your keen interest in our article [1] and your valuable comments. Regarding your concerns, we address them as follows.

1. Our motto was to avoid ileostomy; hence, during the study period we did not perform an ileostomy in any of the patients. For this reason, it was not possible to have a comparable prospective study of the T-tube group and an ileostomy group.
2. Parietal fixation of the T-tube was done after it was secured by purse-string suture; hence, the chances of leakage are minimal. In our series, no such case was observed.
3. Red rubber T-tubes are not available to us, and we have no experience with them. Their benefits can be assessed only in a prospective study.

We would also like to say that proper closure of the perforation is as important as securing it to the parietal wall. The goal of the T-tube is simultaneous decompression of the bowel along with normal flow of ileal content to the distal bowel, something that cannot be achieved with a straight tube. We believe that the T-tube acts as a vent and stent in such a condition, as it does in the common bile duct.

References

1. Pandey A, Kumar V, Gangopadhyay AN et al (2008) A pilot study on the role of T-tube in typhoid ileal perforation in children. *World J Surg* 32:2607–2611

A. Pandey · V. Kumar · A. N. Gangopadhyay (✉)
Department of Pediatric surgery, Institute of Medical Sciences,
Varanasi, India
e-mail: gangulybhu@gmail.com

A. Pandey
e-mail: dranand27@rediffmail.com