T-tube in Duodenal Fistula: Reply

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Dear Sir,

We thank the authors for their interest in our article [1]. As described by them about a wide variety of operations for this morbid condition, it only displays that not a single technique has been found as a panacea. Our study has been an attempt towards a simple operation for this condition.

We feel that there is a bit of misinterpretation regarding placing the T-tube. It has never been used as a first option for a duodenal perforation. Our primary operation is always an omentopexy. It is associated with placement of two drains as described in the article. T-tube is only placed if the repair leaks. As detailed in the article [1], T-tube acts as a vent and stent in this condition.

Although the authors dared to place the T-tube in a delayed case, we stress that placing a T-tube needs certain prerequisites: perform the operation for placing the T-tube as soon as the diagnosis is made, peritoneal lavage, careful closure of the fistula around the T-tube as described, and total parenteral nutrition supplementation. Placing more tubes adds to the operation time, which may affect the outcome of the patient.

It is without doubts that a proper initial surgery may prevent this dreadful complication [2]; however, given the total number of such surgeries in this part of the world, this complication will continue to occur. Hence, the surgeon must be ready to face it. We wish that the authors succeed with this simple technique. Other workers also should utilize it, if they are satisfied with our arguments. After all, it is about those patients, who if not successfully managed, may lead to a slow, painful death.

References

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