Laparoscopic cholecystostomy and bile duct lavage for treatment of inspissated bile syndrome: a single-center experience

To the Editor

We enjoyed reading the article "Laparoscopic cholecystostomy and bile duct lavage for treatment of inspissated bile syndrome: a single-center experience" by Gao et al, which appeared in *World J Pediatr* 2011;7:269-271.^[1] It is an interesting and excellent paper regarding the treatment of inspissated bile syndrome. However, we would like to question about the diagnosis of inspissated bile syndrome. There are many causes of neonatal jaundice. The most important and frequently encountered differential diagnosis is neonatal hepatitis. Tang et al^[2] noted that 8 out of 38 patients who underwent laparoscopic cholangiography had hepatitis. Senyüz et al^[3] also noted 10 of 24 cases proved to have neonatal hepatitis. Inspissated bile syndrome is rare and represents only a small fraction of the patients.

In this paper, 58 patients underwent laparoscopic exploration. Among them, 42 patients had biliary atresia and the rest 16 patients had inspissated bile syndrome. My question is: why is there no neonatal hepatitis among any of them? In our experience, while performing bile duct lavage for inspissated bile syndrome, there is an initial complete obstruction sensation followed by sudden release of the obstruction when the impacted thick bile or sludge is washed away. The visualized expansion of the common bile duct may be caused by sudden increased pressure generated by lavage itself, not necessarily indicating distal obstruction. We postulate that, perhaps some of the patients actually had neonatal hepatitis, not all had inspissated bile syndrome. It would be ideal that liver biopsy is included as a routine procedure during the operation and complement with the final diagnosis.^[4,5]

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doi: 10.1007/s12519-012-0339-3

Author reply

We thank Dr. Yeh and Chang for their valuable comments on our paper. We agree with their view points, which are complementary to our study. In our practice, cholangiography was a little bit difficult to perform with soft pressure while injecting 38% meglumine diatrizoate into to the bile duct. If more pressure was given, it disappeared suddenly as described in our paper. Thus the patients were diagnosed with inspissated bile syndrome. In our series, persistent conjugated jaundice was the indication for surgery. Since neonatal hepatitis may also be seen as conjugated jaundice, we might have taken a few cases of neonatal hepatitis as inspissated bile syndrome. Certainly if routine liver biopsy is possible, the diagnosis can be more accurate. In infants with conjugated jaundice, characterized by increased bilirubin level and cholestasis syndrome, laparoscopic gallbladder cholangiography and biliary duct lavage are better than conservative treatment.

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doi: 10.1007/s12519-012-0340-x

Drug treatment of acute severe asthma in children

To the Editor

I read with great interest the article by Wang and Hong.^[1] The authors have discussed nicely the management of severe asthma exacerbation in children. However, the following points on drug treatment need some comment.