Dog bite injuries of genitalia and rabies immunisation

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Sir,

We read with interest the letter "Dog bite injuries of genitalia."[1] We can understand the concern of the authors regarding the administration of immunoglobulin reported in our previous manuscripts.[2]

We agree that the use of immunoglobulin should be based on the severity of the wound, but how can we measure the danger of a wound if a true exposure to rabies was defined as a bite or contamination of a person's mucous membranes or open wounds with saliva from a laboratory-confirmed or clinically rabid animal?

Of course, postexposure vaccination is not necessary in case of checked family dog.[3]

In the case of need, human rabies can be prevented by postexposure vaccination with or without immunoglobulin injection even if a dramatic reduction of human rabies deaths in Thailand was achieved largely by the provision of expensive World Health Organisation standard postexposure treatment, utilising modern tissue culture vaccines and immunoglobulins.[4]

The real problems with postexposure prophylaxis are the cost of the vaccine and immunoglobulin as well as the availability of the immunoglobulin. For this reason, preexposure prophylaxis has played a role in decreasing the need for immunoglobulin injection, especially in developing countries where rabies is endemic.[5] We think that in all countries where rabies is endemic, preexposure prophylaxis should be advocated to avoid the need of post-exposure prophylaxis with or without immunoglobulins.

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Is it a Palomo's operation?

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Sir,

We have read the article 'Single-incision laparoscopic surgery and conventional laparoscopic treatment of varicocele in adolescents: Comparison between two techniques' by Marte *et al.*[1] with interest. We congratulate the authors for this nice comparative study that reaffirms the benefits of minimal invasive surgery in the management of this common ailment. Though a