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## International Journal of Surgery

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## Editorial

## Editor's perspectives – December 2012

As usual the year draws to an end with both anxieties and satisfaction. The situation in the Middle East as I write this editorial is extremely worrying with air strikes in Gaza and rocket attacks in Israel. In Syria a dictator continues to oppress his own people and has no respect for human life. The death toll continues to rise in Afghanistan, there is continuing war in the Congo and religious violence has erupted in Nigeria. It is frightening to all of us that a 14-year-old girl can be shot in the head for merely wishing to be educated. Thankfully there have been some improving situations in other parts of the world with Burma becoming a freer society, dictators in Tunisia, Egypt and Libya have been overthrown, conditions, despite continued outbreaks, have improved in Iraq and South Sudan has become a new country with a minimum of bloodshed. And if man-made destruction is not enough, we are continually reminded of the force of nature with its massive damage it can cause such as the devastation after Sandy and other catastrophes.

Advances in medicine continue to surprise all of us. The fact that a man who has been in a vegetative state for 10 years can communicate via a new type of brain scan is phenomenal though it will raise huge questions as to what is death and when machines should be turned off. In surgery and its allied specialties increasing sophistication in minimal access techniques have led to decreased morbidity. EVAR procedures have proved to have better outcomes than open AAA operations. In the present issue of our journal there is an article from Korea on post radical gastrectomy bleeding showing that 100% can be managed endoscopically saving the need for further surgery with its inherent morbidity and even mortality.

This issue reflects our internationality with contributions from India, Korea, Turkey (x2), New Zealand, Malawi, USA, Russia and UK (x2). We also include the abstracts from the 2nd NUGSC 2012 Conference, which is run by medical students interested in pursuing a career in surgery. It is run by a body of students very dear to my heart being the founder of the Medical Students Liason Committee at the Royal College of Surgeons of England a decade ago.

8 out of 10 main papers are retrospective studies. I worked with a Professor of Surgery who stated that only randomized controlled studies (RCTs) could teach us anything. This is certainly not the case as retrospective studies do inform us of trends and improvements. As our sister journal has shown, case reports too can be very instructive and helpful. We include an historical article from Russia and a prospective analysis of paediatric injuries that occurred in Malawi.

Our first article is a case matched comparison study of necrosectomy by the retroperitoneal approach with the transperitoneal approach for necrotizing pancreatitis in patients a CT severity score of 7 and above. Complications and re-interventions were halved

and both ITU and hospital stays were less in the retroperitoneal group. There was also lower morbidity in this group. I have already alluded to our second paper from Korea on the Endoscopic treatment for bleeding post radical gastrectomy. The 3rd article points out the need for standardization of the measurement of pre-operative weight in Bariatric surgical patients in the UK. 61% used the pre-operative weight recorded at the clinic prior to surgery, 20% used the highest recorded pre-operative weight whilst 17% used the weight recorded on the day of surgery.

Pilonidal sinus surgery still seems to raise problems and interest. From Turkey is a retrospective study of 81 patients comparing the outcomes between the modified Karydakias flap and the modified Limberg flap. In their hands the latter procedure had better results though it must be pointed out that the 2 groups were not evenly distributed between the sexes. Work from New Zealand points out the clinical outcome after administering pre-operative glucocorticoid is better though their retrospective study showed no difference in morbidity and only a single day shorter hospital stay. I found the paper from Malawi and the University of N. Carolina compelling reading. Paediatric injuries in Malawi are a significant health burden. In a prospective study the authors collected 23,625 injuries – 30.6% of all trauma patients with a median age of 7.2 years. The injuries included falls (43%), burns (11.1%), RTAs (9.7%), foreign bodies (7.5%) and assaults (7.2%). It was interesting to read of the relationship to the location in which these injuries occurred and the season with respect to boys and girls and their ages. From the Memorial Sloan Kettering Hospital in New York the article on the Changing trends in well differentiated thyroid cancer over 8 decades was fascinating. The incidence of this type of cancer is rising with a slightly higher age group. There has been a rise in papillary cancers and fortunately also a rise in pT1 lesions. Disease specific survival is unchanged despite the increase in more radical surgery.

Personally, I enjoyed the paper on Russian war surgery in 1812 being deeply interested in Medical and Surgical History. Professor Bockeria and his colleagues from the Russian Academy of Medical Sciences present an excellent review of the types of wounds inflicted on all ranks of Russian soldiers by Napoleon's French army. The types of wounds whether caused by firearms or by saber/sword/bayonet (surprisingly these were the cause of more deaths) and their treatment by Russian surgeons during Napoleon's invasion – the Patriotic War – are fully discussed. It would appear despite preceding anaesthesia and antibiotics, the treatment was versatile, efficient and helped the Russians to victory by returning soldiers to the battlefield. The following paper is on a Urological subject using the Renal Restive Index and semi-rigid ureteroscopy in the management of symptomatic persistent Hydronephrosis during Pregnancy. Our last

article from Pakistan is also Urological – a retrospective study on 1550 CT KUB studies which the authors point out should only be requested by Urologists or Emergency Physicians.

I must end by congratulating and thanking our Reviewers of the month for November and December, Drs. Basu and Coppola. Sterling work for which we are most grateful as we are to all our reviewers. Whilst acknowledging hard work I must also thank my Editorial team at Elsevier for their huge input in producing what is undoubtedly a first class, popular, well presented excellent

journal. I close with wishing all our contributors and readers a Happy, Peaceful, Healthy and Prosperous 2013.

R. David Rosin, Professor of Surgery  
*Faculty of Medical Sciences, University of the West Indies,  
Cavehill Campus, Barbados*  
E-mail address: [rdavidrosin@gmail.com](mailto:rdavidrosin@gmail.com)

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