

Letters to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Intravesical Knotting of an Infant Feeding Tube in a Child who Underwent Cardiac Surgery

SIR, — Infant feeding tubes are frequently used for urinary catheterization in neonates and infants undergoing cardiac surgery when it is not possible to catheterize with the smallest available Foleys catheter (6 no). Spontaneous knotting of the feeding tube is a rare complication and very few cases have been reported in literature. We report a case of spontaneous intravesical knotting of an infant feeding tube (size 5.0) in a child who underwent cardiac surgery. The feeding tube was gradually removed by careful and gradual manipulation under TIVA and local anaesthesia. The knot was found at the proximal end of the feeding tube. There was no haematuria or urethral bleeding and the child passed urine spontaneously 1 hr later.

CASE PRESENTATION

A 3-month-old 3.5 kg male child was taken up for surgical closure of VSD. After induction of Anaesthesia, since the urethral opening was small, urinary catheterisation was done with a 5.0 no. infant feeding tube. Intraoperative was uneventful and the child was extubated postoperatively in the PICU. On POD1, there was urinary leakage around the feeding tube suggesting a possible blockage and it was replaced with another same sized feeding tube. There were no urinary issues thereafter and all the routine postoperative investigations (CBC, RFT) were normal. On the following day, it was decided during the morning ICU rounds to deintensify further and remove all invasive lines and the urinary catheter. The feeding tube was gradually withdrawn when it got stuck in the urethra. With the assistance of the paediatric surgeon and under Total Intravenous Anaesthesia (Ketamine and midazolam) and local lignocaine application, the feeding tube was gradually manipulated and withdrawn completely. Inspection of the feeding tube revealed that the tip of the feeding tube had knotted (Fig 1) Intravenous analgesics were continued along with application of Lignocaine jelly on the urethral opening and a light dressing done. The child was monitored in the ICU for the next 48 hrs to rule out the possibility of urethral stricture or bleeding or urinary retention.

DISCUSSION

Urinary bladder catheterization is an essential and safe procedure performed during to paediatric cardiac surgery for haemodynamic assessment and monitoring prior to , during and post Cardiac bypass and postoperatively in ICU. Many paediatric cardiac centres use Feeding tubes as an alternative for urinary catheterisation in neonates and infants due to shortage of suitably sized Foleys catheter. Although these tubes are stiffer than the Foleys



Fig 1 — Knotting of the Feeding tube

catheters, blockage postoperatively can necessitate the need for frequent changing of the tube in the ICU. Intravesical knotting of catheters is rare with an incidence of 0.2 per 100000 mainly in male neonates¹. Risk factors for knotting of the feeding tube are length of insertion, physical properties of the tubing, catheterisation technique and the patient's anatomic characteristics. At birth, the length of a male urethra is about 5 cm and female urethra about 2.2 cm and the most common reported reasons for knotting are inserting the catheter > 10 cm and incorrectly inserting and improper external securing of the tube². Ideally the part inserted from the urethra should be kept as short as possible, sizing should be made beforehand, catheter should not be inserted further after observing urine flow and catheter should be tightly secured to prevent any further insertion. Several methods are available to remove a knotted catheter, including continuous gentle pulling under General anaesthesia, cystotomy or removal by endoscopy^{3,4}. The most common method is gentle but continuous retraction under General anaesthesia but with the risk of development of urethral trauma and later urethral stricture.

REFERENCES

- 1 Anbu AT — Urethral catheter knotting in preterm neonates. *Indian Pediatr* 2004; **41**: 631-2.
- 2 Arena B, Mc Gillivray D, Doughty G — Urethral catheter knotting: Be aware and minimize risk. *CJEM* 2002; **4**: 108-10.
- 3 Lodha A, Ly L, Brindle M — Intraurethral knot in a very-low-birth-weight infant: Radiological Recognition, surgical management and prevention. *Paediatr Radiol* 2005; **35**: 713-6.
- 4 Eric Mayer, Murali K Ankem, Victor H, Hartanto, Joseph G Barone — Management of Urethral catheter knot in a neonate. *Can J Urol* 2002; **9(5)**: 1649-50.

MBBS, DA, FCPS, DNB, PDCC

Jeril George Kurien¹

Consultant,

Department of Paediatric Cardiac Sciences

Sir HN Reliance Foundation Hospital,

Mumbai, Maharashtra 400004

Is the Herbal Medicine in the Market Really Herbal? An opinion on Malpractices

SIR, — Medical science is stand on the base of patient diagnosis and treatment. Several countries have their own traditional medicine used from ancient times to diagnose and treat human beings. Majority of the traditional medicine are known as herbal medicine because they use natural products as raw materials to prepare various types of medicine like pills, powder, lotion, and many more¹.

In last few years, people are moving from allopathy to herbal medicine for their treatment. The commonest alleged reason is the adverse effects or side effects of allopathic medicine because it prepares from synthetic components in various research laboratories and pharmacies. While herbal medicine prepares using plant and natural products and can be made at home but it is not completely true because people are not completely aware and educated about herbal medicine. They are believing in advertisements and unauthenticated results and reviews².

This herbal medicine is beneficial if it uses as per advice by clinicians, not by others. Nowadays we see some non-registered local herbal medicine practitioners selling some powder or tablets in the name of herbal medicine. These powders contain high-dose of banned drugs, chemicals that give sudden relief from pain or a feeling of well-being. A few female patients we are seeing in our OPD, suffering from joints pain, taking some herbal powder for a few months and getting central obesity, red cheeks, moon facies, striae, high blood sugar levels, thinned-out skin, and other features of chronic steroid intake, suggesting that they are eating steroids in the name of some herbal powder. These fraud practitioners sell any kind of drug or material to earn money in name of herbal medicines. Patients are eating these unnamed products, thinking that herbal powders are free of side effects³.

Patients getting deceived because these products not containing any herbal product. If it contains some, then the dose is inappropriate as it is not checked by any drug quality checking authority. Any kind of herbal or non-herbal medicine has some benefits and some side effects, so appropriate dose, and frequency are required for a particular illness. Although all kinds of herbal medicine are available in the market in the form of strips or powder in air-tight packing with preparation and quality control checks from a good pharmaceutical company, under the supervision of the AYUSH ministry, we can take on the prescription of a certified doctor, but some people still following the fraud practitioners for quick relief, unaware of lethal side effects⁴.

Patients have to take precautions in the use of herbal medicine. Always check the product label the same as they checked before using other medicines for ingredients, formula, directions, side effects, and precautions. Always use drugs with and as per clinicians' advice. Try to avoid the supplement for liver, heart, kidney disease, pregnant females, or children if it is not recommended for them. Self-medication is dangerous; however, whether it is herbal or not. Online purchasing of herbal medicine on the base of the advertisement has a risk of being unstandardized, faked, unauthorized, or unlicensed without a quality check. Various governing bodies like the Bureau of Indian Standards, Quality Control of India, and Pharmacopoeia Commission for Indian Medicine & Homoeopathy are available to approve the herbal medicine quality for human use⁵.

As we conclude that every herbal is not herbal and safe. Avoid to taking the hidden risk for your life using unstandardized and unauthorized herbal medicine. Single non-judicial use of the medicine can harm your health and life.

REFERENCES

- 1 Djordjevic SM— From Medicinal Plant Raw Material to Herbal Remedies [Internet]. Aromatic and Medicinal Plants - Back to Nature. InTech; 2017. Available from: <http://dx.doi.org/10.5772/66618>.
- 2 Ekor M — The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. *Front Pharmacol* 2014; 4: 177. doi: 10.3389/fphar.2013.00177. PMID: 24454289; PMCID: PMC3887317.
- 3 Ekor M — The growing use of herbal medicines: issues relating to adverse reactions and challenges in monitoring safety. *Front Pharmacol* 2014; 4: 177. doi: 10.3389/fphar.2013.00177. PMID: 24454289; PMCID: PMC3887317.
- 4 Welz AN, Emberger-Klein A, Menrad K — Why people use herbal medicine: insights from a focus-group study in Germany. *BMC Complement Altern Med* 2018; 18: 92. <https://doi.org/10.1186/s12906-018-2160-6>
- 5 Alwhaibi M, Asser WM, A Al Aloola N, Alsalem N, Almomen A, Alhawassi TM — Evaluating the frequency, consumers' motivation and perception of online medicinal, herbal, and health products purchase safety in Saudi Arabia. *Saudi Pharm J* 2021; 29(2): 166-72. doi: 10.1016/j.jsps.2020.12.017. Epub 2021 Jan 11. PMID: 33679178; PMCID: PMC7910136.

¹MBBS, Postgraduate Resident,
Department of Medicine,
DY Patil Medical College,
Maharashtra 411018

²MD (Medicine), Professor and Head

³Postgraduate Resident,
Department of Microbiology

Harin Mahesh Bhavsar¹

Lokesh Kumar¹

Madhulika Mahashabde²

Yash Bhimani¹

Sahjid Mukhida³

Laparoscopic Repair of Symptomatic Direct Inguinal Hernia in an Apparently Healthy Boy

SIR, — Inguinal hernia is a common paediatric surgical problem and over 99% of them in children are indirect. The direct inguinal hernias are secondary to other diseases and it's extremely rare in apparently healthy children¹. The incidence in full-term babies is estimated at 1-5%, it is six times more common in boys, the right-sided hernias is more than three times that of left-sided hernias while the bilateral hernias are more common in premature infants². A direct hernia involves herniation of intra-abdominal content through a weakness in the posterior wall of the canal, known as Hesselbach's triangle. A direct hernia is found medial to the inferior epigastric vessels, while an indirect hernia is found lateral to these vessels³.

A 5-yr-old boy has noticed a swelling in the right groin with a change in size with coughing or straining and it got painful at times especially during defecation and urination as he has chronic constipation in the background. On examination, the patient had reducible, non-tender, non-transilluminated, positive cough impulse, to get above the lump was not possible, was medial to the internal inguinal ring in the Hesselbach's triangle and diagnosed as right direct inguinal hernia. Right testis was fully descended, of normal size, site, lie and texture. The silk glove sign was negative. At laparoscopy, the direct inguinal hernia defect could be seen in the Hesselbach's triangle (Fig 1). Posterior wall repair and ligation of the hernial sac was performed. The patient was discharged home same evening and at follow up is well.

The advantages of the laparoscopic approach may include a lower risk of cord damage, less pain, better cosmetic results and less of postoperative complications. Our patient had congenital colo-rectal motility disorder and bowel dysfunction_which is a known risk factor for the development of a hernia⁴.

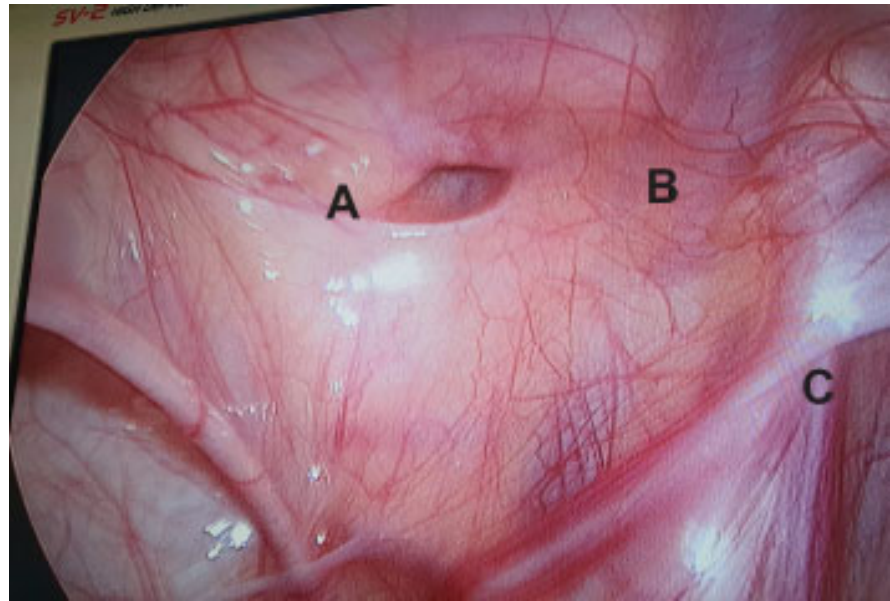


Fig 1 — Findings during laparoscopy of right direct inguinal hernia
 (A) The defect in the centre of Hesselbach's triangle.
 (B) note that this image depicts a right direct inguinal hernia as the inferior epigastric vessels are lateral to it (to the right of the image in this view).
 (C) Closed deep inguinal ring on the right internal inguinal area

REFERENCES

- Hutson JM, O'Brien M, Beasley SW, Teague WJ, King SK — Jones' clinical paediatric surgery. 7th edn. Chichester: John Wiley & Sons, 2015. p. 332
- Weaver KL, Poola AS, Gould JL, Sharp SW, St Peter SD, Holcomb GW 3rd — The risk of developing a symptomatic inguinal hernia in children with an asymptomatic patent processus vaginalis. *J Pediatr Surg* 2017; **52(1)**: 60-4. doi: 10.1016/j.jpedsurg.2016.10.018
- Yeap E, Nataraja RM, Pacilli M — Inguinal hernias in children. *AJGP* 2020; **49(1-2)**: 38-42.
- Patel RV, Anthony FM, Govani ND, Govani DR, Panchasara N, Patel RR, Corracia R — Abdominal Wall Defects and Hernias-lessons learnt from observations from the experimental fetal surgery gastroschisis model in rabbits and their clinical extrapolation. *Medp Pediatr Child Health Care* 2022; **1(1)**: mppchc-202201001, 2022, 1: 8-15 and Anthony FM, Govani D, Patel RR, Patel RV: Spontaneous regression of clinical inguinal hernias in preterm female infants-role of congenital secreto-motility disorders. *Ped Surg Intl* (in press, PESI-D-21-00637)

Ramnik V Patel¹,

Rafael Cavalcante Correia²

¹MB, MD (New York), MS, MCh, LLM, MNAMS, DNBS, DNBPS, FRCS (Ed), FRCS (Ped Surg), FEBPS, FACS, FAAP, DCH, DRCOG, Consultant, Department of Pediatric Surgery, PGICHR & KT Children Hospital, Rajkot, Gujarat 360001

²MD, Consultant, Department of Pediatric Surgery, Childrens, Hospital of the Sao Jose do Rio Preto Medical School, Santa Casa de Tatui General Hospital, Maneco Pereira Road, Tatui, Sao Paulo, Brazil