

conditions makes chance association unlikely.

The loin-pain-haematuria syndrome has only been recognized relatively recently (Little *et al.* 1967, Fletcher *et al.* 1979), is often mild in its symptoms and signs, and generally has an excellent prognosis. It is therefore possible that it may be far more prevalent than the relatively sparse reports of it in the literature indicate. If so, its present association with the other two renal malformations may be merely fortuitous. Nevertheless, it would be of great interest to know whether a similar relationship has been noted by other observers.

Yours faithfully  
C R P GEORGE  
29 October 1980

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### Moynihan needle – surgeons' choice

*From Mr A V Pollock*

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Sir, In these columns in April 1980 (pp 305-306) I claimed that burst abdomens do not occur if a deep enough bite of tissue is taken; the rare exception is when the abdominal wall is digested by virulent infection. I promised to test the hand-held Moynihan needle against the 50 mm needle held in a needle-holder as, in common with Mr Keighley (*March Journal*, p 220), I felt that it was impossible to guarantee a deep enough bite with the latter.

One hundred and thirty-nine patients were randomly allocated to have their incisions sewn up either with the continuous mass monofilament nylon technique previously described (Pollock *et al.* 1979) or with a layered technique in which the deep layer was closed by continuous polyglycolic acid and the anterior sheath by monofilament nylon swaged on to a 5 cm needle held in a needle-holder.

I have now stopped this trial because a burst abdomen occurred in the layered group. This was in a man of 63 and it happened five days after high anterior resection of the rectum for carcinoma. In the top 9 cm of the 25 cm wound the nylon had cut through the medial leaf of the paramedian incision. I resutured the abdomen with a deep-bite continuous mass musculo-aponeurotic suture, and he made a good recovery apart from minor secondary wound infection.

Having recorded the length of suture material

used in all operations, I found that each stitch took a mean of 4.77 cm of material in the mass closure group (s.d. 1.47) compared with 2.20 cm per stitch in the layered group (s.d. 0.90). The difference is highly significant ( $t = 12.51$ ,  $P < 0.001$ ). Only 1.6 cm of nylon per stitch was used in the patient whose abdomen burst.

It is very difficult to take a deep enough bite with the needle held in a needle-holder and there is a strong case for the universal adoption of the large Moynihan needle for all major laparotomy closures.

Yours faithfully  
A V POLLOCK  
28 October 1980

### Reference

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### Acute abdominal pain in children

*From Dr Simon R Henderson*

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Dear Sir, I was interested to read the paper by Mr D P Drake in the September 1980 issue of the *Journal* (p 641). I was rather surprised not to see any mention of the use of one of the rather more recent modalities for evaluating acute abdominal pain, namely the laparoscope. This instrument is particularly useful in evaluating abdominal pain in girls, as it gives an excellent view of the internal female genitalia, as well as the appendix. In this age of earlier first intercourse, salpingitis must be considered in really quite young girls, certainly in those who profess to be sexually active.

It is sad to see reports of undiagnosed abdominal pain that might possibly be episodes of salpingitis, which, if they had been treated early, might not result in what infertility specialists see later, i.e. chronic salpingitis, leading to tubal infertility.

I feel that the laparoscope should be part of any general surgeon's armamentarium. However, it appears that it is usually only used by gynaecologists. The great advantage of laparoscopy is that the patient can be discharged home the same day and be able to return to normal activities in two to three days.

I would also ask Dr Drake whether he also performs gonorrhoeal cultures in those girls who are subjectively or objectively sexually active, as this test can also lead to the ultimate correct diagnosis and treatment.

Yours sincerely  
SIMON R HENDERSON  
22 October 1980