



# Letters and comments

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## COMMENT ON

doi 10.1308/003588407X168361

**B Darmas, S Mahmud, A Abbas, AL Baker.** Is there any justification for the routine histological examination of straightforward cholecystectomy specimens? *Ann R Coll Surg Engl* 2007; **89**: 238–41

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## Routine histology of cholecystectomy specimens is unnecessary

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We agree with the conclusions of the authors that routine histology of cholecystectomy specimens is unnecessary. A retrospective audit, similar to the one in the article, of histological findings of all gallbladders removed at our hospital between January 2000 and September 2004 found only one cancer of the gall bladder out of 976 specimens and this was suspected at operation.

We believe that the outcome of final histology does not alter management and currently adopt a selective approach to sending specimens. All excised gallbladders are examined in theatre by the operating surgeon and only those with suspicious lesions (such as polyps, nodules, ulcers, indurated wall or penetration into the liver bed) are sent for histological examination.<sup>1</sup> It can also be argued that early gall bladder cancer (pT1) missed on macroscopic examination needs no further surgery apart from cholecystectomy.<sup>2</sup>

## References

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## AUTHORS' RESPONSE

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We have found this letter of interest and especially value the authors' point on the examination of removed gall bladders by the surgeon. This practice provides a preliminary sieve to select which of the gall bladders should be further tested by the pathologist with a reasonable prospect of contributing to the clinical management of the patient. Both the futility of routine histological examination as well as the cure achieved by simple cholecystectomy in early gall bladder cancer was already mentioned in the literature.<sup>1,2</sup>

The principle of selective histological examination is neither new nor limited to the gall bladder. A similar approach is already applied in the examination of rectal 'doughnuts' produced after use of a circular stapler following the resection of a rectal tumour. The decision to examine these 'doughnuts', based on the presence or absence of margin involvement in the main specimen, is left to the pathologist.<sup>3</sup>

A wider practice of selective histopathological examination will most likely result in more effective use of resources without compromising patient safety.

We would like, as well, to congratulate the authors for their work which supports our approach to selective gall bladder histology.

## References

1. Taylor HW, Huang JKC. 'Routine' pathological examination of the gallbladder is a futile exercise. *Br J Surg* 1998; **85**: 208.
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Carcinoma *in situ* of the gall bladder. The prognostic and therapeutic implications. *Gastroenterol Hepatol* 1995; **18**: 457–9.

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## COMMENT ON

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**D Ramaraju, W Schenk.** Barrel sling technique for ankle traction. *Ann R Coll Surg Engl* 2006; **88**: 589–90

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## Earlier citation

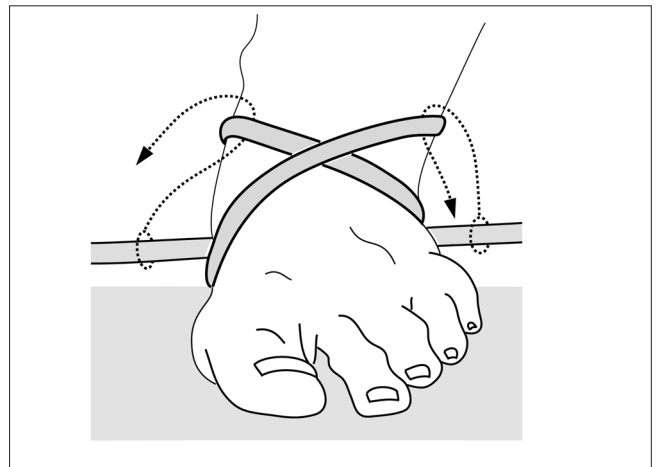
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The Barrel Sling technique for ankle traction, as described by Ramaraju and Schenk,<sup>1</sup> was already recorded by the Greek physician Heraklas, probably in the 1st century AD. Heraklas's brief essay on 18 surgical slings and knots owes its preservation to the fact that Oribasius of Pergamum included it toward the end of the 4th century in his *Iatrikon Synagogos*. The oldest extant manuscript of this is the *Codex Nicetas* made in the 10th century and kept in the Biblioteca Mediceo Laurenziana in Florence, Italy, as Manuscript Plut. 74.7. Heraklas's essay featured the same sling as the *Brokhos Drakon* or Dragon sling. Heraklas's description cannot be misunderstood<sup>2</sup> and the first correct illustration of this sling was published in 1947.<sup>3</sup> Prior to that, a similar traction sling was reported and illustrated as Gerdy's Extension Knot in Eliason's book on bandaging.<sup>4</sup>



**Figure 1** Illustration after Day, of the *Brokhos Drakon* or Dragon Sling as described by Heraklas, probably in the 1st century AD. Note that the way to finish the sling indicated at the reader's left side results in a sling identical to the one presented recently by Ramaraju and Schenk.<sup>1</sup>

Ramaraju and Schenk unfortunately referred to the Barrel Sling. Still, it is clear from Budworth's book and other standard works that the Barrel Sling is an altogether different sling.<sup>5</sup> Presenting another sling under the same name ought to be avoided because the literature on slings and sling tying is all knots and tangles as it is.

## References

1. D Ramaraju, W Schenk. Barrel sling technique for ankle traction. *Ann R Coll Surg Engl* 2006; **88**: 589–90
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