EDITORIAL

Clinical Trial Registry - India (CTR-I): A meaningful initiative. How to take it forward?
Bavdekar SB
1

ORIGINAL ARTICLES

Detection of Rh antibodies using two low ionic diluents: Extension of the incubation time and the number of Rh antibodies detected
Skaik YA
4

Immunophenotypic characterisation of peripheral T lymphocytes in pulmonary tuberculosis
Al Majid FM, Abba AA
7

Relationship between N-terminal pro-B type natriuretic peptide and extensive echocardiographic parameters in mild to moderate aortic stenosis
Cemri M, Arslan U, Kocaman SA, Çengel A
12

Relative efficiency of polymerase chain reaction and enzyme-linked immunosorbant assay in determination of viral etiology in congenital cataract in infants
Shyamala G, Sowmya P, Madhavan HN, Malathi J
17

Stomatoplasty—anterior advancement flap and lateral splaying of trachea, a simple and effective technique
Trivedi NP, Patel D, Thankappan K, Iyer S, Kuriakose MA
21

CASE REPORTS

Rhodotorula mucilaginosa as a cause of persistent femoral nonunion
Goyal R, Das S, Arora A, Aggarwal A
25

Repeated fracture of pacemaker leads with migration into the pulmonary circulation and temporary pacemaker wire insertion via the azygous vein
Udyavar AR, Pandurangi UM, Latchumanadas K, Mullasari AS
28

Recurrent respiratory papillomatosis complicated by aspergillosis: A case report with review of literature
Kuruvilla S, Saldanha R, Joseph LD
32

Citrobacter freundii infection in glutaric aciduria type 1: Adding insult to injury
Mukhopadhyay C, Dey A, Bairy I
35

IMAGES IN RADIOLOGY

Chordoma: A rare presentation as solitary ivory vertebra
Kumar S, Hasan R
37

IMAGES IN PATHOLOGY

Intracystic papillary carcinoma associated with ductal carcinoma in situ in a male breast
Dragoumis DM, Tsiftsoglou AP
39
REVIEW ARTICLE

Implications of HLA sequence-based typing in transplantation
Shankarkumar U, Pawar A, Ghosh K 41

DRUG REVIEW

Ramelteon: A melatonin receptor agonist for the treatment of insomnia
Devi V, Shankar PK 45

STUDENTS CORNER

The internet: Revolutionizing medical research for novices and virtuosos alike
Jethwani KS, Chandwani HS 49

VIEW POINT

Documenting indications for cesarean deliveries
Kushtagi P, Guruvare S 52

CLINICAL SIGNS

Cherry-red spot
Suvarna JC, Hajela SA 54

LETTERS

Central retinal vein occlusion associated with thrombotic thrombocytopenic purpura/hemolytic uremic syndrome
Author’s reply 58

Simultaneous umbilical hernia repair in patients undergoing laparoscopic cholecystectomy: Is obesity a risk factor for recurrence?
Authors’ reply 59

Snap sound and detumescence: Fracture penis
Paraphenylene diamine-induced acute renal failure: Prevention is the key
Inadequate awareness of the role of erythrocytic parameters in the detection of beta-thalassemia minor
Model for end-stage liver disease and outcome of portosystemic encephalopathy
Aortic thrombus during invasive aspergillosis in a kidney transplant recipient
Castleman’s disease in interpectoral lymph node mimicking mammary gland neoplasia
Bacterial endocarditis due to Group C streptococcus
Postpartum Group B streptococcal meningitis


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Several predisposing factors have been shown to be associated with a higher risk of umbilical hernia recurrence. These include hernia-related variables, such as diameter; surgery-related variables, such as type of repair and occurrence of postoperative infection; and patient-related variables, such as gender, obesity, genetics, co-morbidity (such as diabetes mellitus type 2, hyperlipidemia, human immunodeficiency virus), drugs, or lifestyle factors.\(^5\) Surgical technique and body mass index (BMI) are the most frequently studied factors and there have been several reports on their impact on recurrence.\(^5\) It is not always possible to assess all the risk factors in retrospective studies.

Although obesity is reported to be strongly predictive for post-surgical hernia recurrence,\(^3\) the exact mechanism for this association has not been determined. It remains unclear whether obesity is an indicator of an inherent defect of tissue structure and healing, whether obesity leads to hernia due to increased intra-abdominal pressure, or whether hernia repair is technically more demanding in obese patients.\(^1\) Although Asolati et al. may not have been successful in establishing a clear relationship between increased BMI and umbilical hernia recurrence;\(^4\) there are other authors who have, in fact, found a correlation between the two.\(^5\)\(^-\)\(^8\)

Although serum leptin levels may have a role in measuring adiposity,\(^9\)\(^,\)\(^10\) these are not routinely determined in patients undergoing LC and/or UHR. Hence, we could not study the role this factor in our retrospective study.

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References


Authors’ reply

Sir,

In adults, umbilical hernia is a relatively common condition. It is mostly seen in obese women, often due to multiparity and in the patients with cirrhosis.\(^1\) However, only a limited number of studies have reported short- and long-term outcomes of umbilical hernia repair (UHR) performed simultaneously with laparoscopic cholecystectomy (LC). The prevalence of cholelithiasis accompanied by umbilical hernia varies between 4.7 and 18%.\(^2\) Our study was carried out to determine the ideal method for hernia repair in patients undergoing LC and elucidate potential problems with LC.

Several predisposing factors have been shown to be associated with a higher risk of umbilical hernia recurrence. These include hernia-related variables, such as diameter; surgery-related variables, such as type of repair and occurrence of postoperative infection; and patient-related variables, such as gender, obesity, genetics, co-morbidity (such as diabetes mellitus type 2, hyperlipidemia, human immunodeficiency virus), drugs, or lifestyle factors.\(^3\)\(^,\)\(^4\) Surgical technique and body mass index (BMI) are the most frequently studied factors and there have been several reports on their impact on recurrence.\(^3\)\(^-\)\(^5\) It is not always possible to assess all the risk factors in retrospective studies.