SPECIAL ARTICLES

Pancreato–Biliary Diseases and the Indian Journal of Gastroenterology

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Since the launching of the Indian Journal of Gastroenterology in 1982, the number of articles pertaining to the biliary tract and pancreas has fluctuated widely from year to year. After a modest beginning with a single Case Report in 1982, and an average single Original Article per year from 1983 to 1985, pancreatic and biliary diseases (PBD) constituted 7% to 10% of all articles during that period. Their representation in the Journal has increased considerably since 1987, constituting 27% (16 of 59) of all articles in 1987, 16% (10 of 62) in 1988, 18% (8 of 44) in 1990 and 20% (14 of 70) in 1991.

A closer look at these write-ups shows that Original Articles account for 8%-20% and Editorials for 0% to 12%; the remainders are made up of Case Reports, Case Snippets, Letters and others. Therefore, the meager representation of PBD in the Journal is made up largely of titbits!

Over the past decade, 21 pancreato-biliary articles appeared under the category 'Original Articles'. Ten of them related to retrospective collection of clinical experience, six dealt with new techniques, and five were prospective research studies. It is worth noting that proper planned studies in this area have been meager.

The importance of an Original Article, either retrospective data or experience with a relativity new technique, should be viewed in its chronological context, and in regard to new information and insight it might provide to the reader. Of the articles based on retrospective clinical data, the outcome of limited number of patients treated by one or several accepted approaches well known for several years does not make exciting news (Indian J Gastroenterol 1986; 5: 23-8, 1988; 7: 155-7, 1984; 3: 205-10). Two publications that qualified for Original Articles (1987; 6: 17-9, 1990; 9: 123-8) were mere reports of a few cases of the type well described in literature many years ago.

Several new techniques have featured in this section. The time lag since initial appearance in international journals to their featuring in the Journal has been quite variable. 'Endoscopic sphincterotomy' found its way in the Journal in 1985 (1985; 4: 23-4) around 11 years after it was first described elsewhere (Gastrointest Endosc 1970; 20: 148-51). This length has considerably shortened in recent years, with extracorporeal shock wave lithotripsy of CBD stones appearing in the Journal (1991; 10: 46-8) around 3 years after its international debut (1989; 96: 146-52). A few articles have dealt with unusual techniques -- diagnostic papillotomy (Indian J Gastroenterol 1987; 6: 25-9), percutaneous transhepatic cholecystostomy (PTCCS) (Indian J Gastroenterol 1989; 8: 13-8) and ultrasound guided pancreatic ductography (1990; 9: 129-34) for example. As happens with new invasive diagnostic or therapeutic techniques that are described initially, readers have to be cautious against the authors' euphoric claims. A very balanced editorial on the possible role of PTCCS by Neus haus and Classen (1989; 8: 9-12) helped restore the balance on this technique, and the very pertinent ethical issues raised in the Letters column (1991; 10: 31) helped point out that the mere technical ability to perform a procedure like ultrasound-guided pancreatic ductography does not justify its practice in patients where it is not indicated.

As mentioned earlier, scientific studies have been rather sparsely reported in the Journal. In spite of certain shortcomings, the studies by Makwana et al (1986; 5: 11-4) on conjugated iopanoic acid in bowel of patients with abnormal oral cholecystography and Babu et al (1988; 7: 93-7) on biliary bacterial flora in biliary tract diseases convey important new messages about common conditions. Studies on gallstones could have been more in depth (1987; 6: 159-60) or in somewhat more respectable numbers (1988; 7: 9-11, 1988; 7: 15-7). The ingenious method of measuring common bile duct pressure and flow, tested on a small number of subjects, was not substantiated by statistics (1987; 6: 73-6). Two papers on assessment of pancreatic functions in patients with chronic pancreatitis did not provide anything not already known at that time (1987; 6: 85-6, 1988; 7: 235-7).

Attempts to prognosticate objectively the outcome in patients with obstructive jaundice (1990; 9: 63-8) and those with pancreatitis in the Indian setting are welcome. The idea of studying antipyrine clearance in patients with...
surgical obstructive jaundice was a good one. There were however only 20 patients in the study, six of whom were perhaps so ill that they died before any intervention could be offered (1990; 6: 63-8). Although promising, the idea needed substantiation in larger numbers of well chosen patients. The relevance of the study 'Effect of phenylbutazone on acute hemorrhagic pancreatitis' dealing with pre-challenge protection offered by the drug to experimental animals (1989; 8: 37-40) is not clear.

Eight of 41 editorials in the Journal pertained to this area (there were none in 1985 and 1986). Several of them have been very well written and may be adjudged to conform to international standards. Evaluation of post cholecystectomy symptoms (1987; 6: 11-3), biliary manometry (1987; 6: 69) pigment gallstones (1988; 7: 5-6), PTCCS (1989; 8: 9-12) and pancreato-biliary ductal union (1991; 10: 123-4) are exceedingly informative and provide authentic comprehensive information on the respective subjects. The one on percutaneous transhepatic access to the biliary system is a mature and balanced reflection by two international experts on a new technique described in that issue. It raises thought-provoking questions which the readers are encouraged to ponder over.

The importance of Case Reports, Case Snippets and Letters should not be overlooked. Several tropical problems have been highlighted from time to time. Biliary ascariasis has appeared in the Journal in 1984, 1989 and 1990 (1986; 5: 163-4, 1989; 8: 265-70, 1990; 9: 321). The initial larger reports on this subject by the same authors have however featured in 'foreign' journals (Gastroenterology 1985; 88: 418-23, 1987; 93: 267-72). Tropical pancreatitis in its many forms and complications has appeared several times, but the report of pancreatic cancer in siblings with the disease (1987; 6: 185-6) was interesting. The reports of bile duct hamartomas (1987; 6: 58) and Fasciola gigantica in the gallbladder of a native Indian (1987; 6: 113) were indeed rare; the latter raised an epidemiologic question which has not yet been addressed.

Surveying the not-too-rosy picture of the last decade, few thoughts emerge:

1. The active contribution of the editorial board to elevate the standards of the journal can primarily be through the Editorials, an area where it has fared rather well.

2. The quality of other publications depends on the contributors – an area where much needs to improve. It is unlikely that good research on biliary and pancreatic diseases does not occur in India. We perhaps are not sending our best papers to the Journal.

3. Although the editorial board has to pick and choose from the mail it receives it should perhaps consider being a bit more selective in what it chooses to publish. The issues of the Journal need not always be well fed with whatever comes its way.