Pediatric endoscopes may be useful when procedures are done under conscious sedation but are unnecessary when these done under general anesthesia.

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Reply from the Author

Sir,

We are happy to know that Drs Singh and Pruthi are using a method similar to that used by us in stricture esophagus and to dilate achalasia cardia. We have not used this method in the latter cases but, of course, it should work equally well.

Because of the presence of an endotracheal tube in children, it is difficult to manipulate the balloon without tying it loosely to the endoscope. Moreover, the presence of the endotracheal tube prevents the threads from falling into the larynx or beyond and hence these do not pose a risk to the patients.

We are pleased to know that Dr Siva Prasad has passed an adult endoscope in a 3-month-old child. We have never attempted this in children below 5 years. Even in older children, due to the presence of an endotracheal tube during anesthesia, we have encountered difficulty while negotiating the endoscope through the throat. Hence we do not routinely use the adult endoscope below the age of 8 years and use it in younger children only when our pediatric endoscope is under repair.

Whisky Bottle in the Rectum

Sir,

The rectum is known to have allowed misadventures by accommodating a variety of foreign bodies like fruits, kitchen articles, candles, balls and bottles. To this list, we add an unusually large whisky bottle, which could not be retrieved per rectum and eventually needed laparotomy.

A 25-year-old man presented with pain in the abdomen which started after a whisky bottle was pushed into his rectum by his friends during a quarrel in an inebriated state, the previous evening. Skilagram of the abdomen revealed a large glass bottle occupying the pelvis, mouth facing cephalad (Fig). It could not be taken out through the anal route despite full relaxation under general anesthesia, compelling us to undertake a successful laparotomy for the purpose.

Foreign bodies have been introduced in the rectum for a variety of reasons, including perverted sexual behavior, senility, intoxication, masturbation or as part of a practical joke. There are reports of even forcible inser-

Fig X-ray abdomen showing a bottle occupying the pelvis.

References

Modified Urea Broth Versus Christensen’s Urea Broth for Detecting Helicobacter pylori

Sir,

The characteristic ability of Helicobacter pylori to produce a large quantity of urease has been used as a diagnostic feature.¹ We compared the conventional Christensen’s urea broth with a modified urea broth to detect H pylori in patients with upper gastrointestinal symptoms. Two gastric biopsy specimens obtained at endoscopy were fixed in 10% neutral buffered formalin for routine paraffin embedding; sections were stained by Giemsa stain for detection of H pylori by histology. This was used as the ‘gold standard’. One fragment each was also inserted into the two broths.
<table>
<thead>
<tr>
<th>Table: Constituents of the two urea broths</th>
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<tr>
<td><strong>Formula</strong></td>
</tr>
<tr>
<td>Urea 20 g</td>
</tr>
<tr>
<td>Phenol red 0.012 g</td>
</tr>
<tr>
<td>KIPO₄ 2 g</td>
</tr>
<tr>
<td>NaCl 5 g</td>
</tr>
<tr>
<td>Peptone 1 g</td>
</tr>
<tr>
<td>Glucose 10 g</td>
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<tr>
<td>Distilled water to make 1000 mL</td>
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<tr>
<td><strong>Color change</strong></td>
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<td><strong>Time of reading</strong></td>
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The two broths were equally sensitive for detecting *H pylori* (76% for Christensen's broth, 75% for the modified broth). The advantage of the latter was that results were obtained within 30 minutes, versus up to 24 hours for the Christensen's broth.

Endoscopy and Hypnosis: Not so Uncomfortable

Sir,

I have read with interest the article and editorial in a recent issue of the *Journal* about endoscopy and hypnosis. The primary purpose of using diazepam and opiates in western countries is not sedation but is to minimize the procedural trauma to the patient (relaxation, analgesia and amnesia). This can be achieved with a dose smaller than the optimal dose.

To prevent aspiration of oral secretions, proper positioning of the patient with suitable pillow and neck flexion are important. Dental suction tip used with extra suction machine may also help. Apprehension and anxiety are particularly important in our country as the waiting time is longer and waiting room and post-procedure recovery facilities are poor. The patient is thus not given enough time to deal with the situation as the procedure is undertaken in an assembly-line fashion.

As far as the cost factor is concerned, cost-effectiveness of monitoring is usually never taken into consideration in our country. The cost of endoscopy is quite variable (Rs 500 to Rs 1500) and depends more on affordability of patients visiting a particular facility than on input cost of facilities and monitoring provided.

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Reference


References
