

failed gastroplasty the colon is used⁹. Colonic interposition may have early complications as transposed colon ischemia and anastomotic fistula. Late complications as anastomotic stricture "redundant graft", ulceration, colitis, perforation, diverticulitis, or tumor in the colonic segment are reported^{4,5}. Must be remembered that colorectal cancer has a high incidence; is the third leading cause of cancer diagnosed in men and second among women in the world¹² and this colonic segment has a risk for malignancy too. There are 21 cases of adenoma/adenocarcinoma in transposed colon described in literature^{1,3-7}.

This case shows that all patient underwent to esophagocoloplasty and develops dysphagia during late follow-up should be investigated for malignancy and the initial diagnosis of stenosis of the esophagocolic anastomosis without biopsy should be avoid.

REFERENCES

1. Liao CT, Hsueh S, Yeow KM. Primary adenocarcinoma arising in esophageal colon interposition: report of a case. *Hepatogastroenterology* 2004; 51(57): 748-9.
2. Klink CD, Binnebösel M, Schneider M, Ophoff K, Schumpelick V, Jansen M. Operative outcome of colon interposition in the treatment of esophageal cancer: a 20-year experience. *Surgery* 2010; 147(4): 491-6.
3. Licata AA, Fecanin P, Glowitz R. Metastatic adenocarcinoma from oesophageal colonic interposition. *Lancet* 1978; 311(8058): 285.
4. Altorjay A, Kiss J, Vörös A, Szanto I, Bohak A. Malignant tumor developed in colon-esophagus. *Hepatogastroenterology* 1995; 42(6): 797-9.
5. Houghton AD, Jourdan M, McColl I. Dukes A carcinoma after colonic interposition for oesophageal stricture. *Gut* 1989; 30(6): 880-1.
6. Hwang HJ, Song KH, Youn YH, Kwon JE, Kim H, Chung JB et al. A case of more abundant and dysplastic adenomas in the interposed colon than in the native colon. *Yonsei Med J* 2007; 48(6): 1075-8.
7. Bando H, Ikematsu H, Fu KI, Oono Y, Kojima T, Minashi K et al. A laterally-spreading tumor in a colonic interposition treated by endoscopic submucosal dissection. *World J Gastroenterol* 2010; 16(3): 392-4.
8. Davis PA, Law S, Wong J. Colonic interposition after esophagectomy for cancer. *Arch Surg* 2003; 138(3): 303-8.
9. Mine S, Udagawa H, Tsutsumi K, Kinoshita Y, Ueno M, Ehara K et al. Colon interposition after esophagectomy with extended lymphadenectomy for esophageal cancer. *Ann Thorac Surg* 2009; 88(5): 1647-53.
10. Rizzetto C, DeMeester SR, Hagen JA, Peyre CG, Lipham JC, DeMeester TR. En bloc esophagectomy reduces local recurrence and improves survival compared with transhiatal resection after neoadjuvant therapy for esophageal adenocarcinoma. *J Thorac Cardiovasc Surg* 2008; 135(6): 1228-36.
11. Young MM, Deschamps C, Trastek VF, Allen MS, Miller DL, Schleck CD et al. Esophageal reconstruction for benign disease: early morbidity, mortality, and functional results. *Ann Thorac Surg* 2000; 70(5): 1651-5.
12. Jemal A, Bray F, Center MM, Ferlay J, Ward E, Forman D. Global cancer statistics. *CA Cancer J Clin* 2011; 61: 69-90.

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ABCD Arq Bras Cir Dig Letter to the Editor
2014;27(2):164-165

LETTER TO THE EDITOR

Pedro Luiz Squilacci **LEME**

Dear Prof. Dr.
Osvaldo Malafaia
Editor-in-Chief
Brazilian Archives Digestive Surgery

Reading the Letter to the Editor written by Professor Fabio Gonçalves Ferreira, São Paulo titled "The ABCD indexing in PubMed and

surgery of schistosomiasis with portal hypertension in Brazil" (Arq Bras Cir Dig 2013; 26 (3): 248-251)¹ I would also like to congratulate the editorial board for his recent promotion in Qualis indexation, in the area of Medicine III, when it was raised to B3.

I consider it necessary to congratulate the Editor for the option to publish the articles also in English, greatly increasing the reach and impact of the publication, as well as the speed, the less bureaucratic and friendly way to contact the journal and even the Editor. To illustrate the quality of the journal reviewers, I emphasize a recent publication of ABCD: "Ultrasound aspects and anatomy of the aponeurosis of the transversus abdominis muscle" (Arq Bras Cir Dig 2013; 26 (3): 184-189)², that received the ward of Best Poster of 29th International Congress of the Medical Women's International Association, held in Seoul, Korea, between July 31 and August 3, 2013.

When evaluating indexed journals available in our country, that accept articles on experimental surgery, we found a great lack of options. The research group I represent has articles reviewed by the Editorial Board of journals that are awaiting publication for periods next two years.

The old General Surgery, in the last decades of the last century, developed a new specialty, Digestive System Surgery, due to the increased complexity of the procedures performed on the digestive system, including organ transplants. Major surgery services currently provide places for two medical residency programs, surgery of the digestive system and the advanced general surgery, required by the complexity of current operations, which hinder the proficiency of a single surgeon in such specific operations.

During the graduation period in Medicine, the choice of medical specialty, that each student will develop during his professional life, begins to take shape, and students need to know all the basic specialties to face the evidence of access to medical residency. The Experimental Surgery at this stage shown an excellent teaching tool when developed as Scientific Initiation Program or University Extension, helping the Operative Technique academic discipline and awakening the interest in the study of basic subjects such as physiology and advanced as microsurgery³. Postgraduate in turn, also leads high-level specialists to research laboratory for the development of Master's dissertations and doctoral theses. Despite all these factors, the experimental paper have a lower weight for publications, since they are carried out on animals and their data are considered unsuitable for comparisons with pathophysiologic aspects of human beings, even with the recent concepts of Translational Medicine, looking to improve the interrelationship between the knowledge developed in the laboratories of several areas of Health Sciences with medical practice.

As for the ABCD, although specific focus on digestive surgery as determined by its title, accepts Experimental Surgery of articles, provided they are related to the digestive system⁴. I consider pertinent to suggest that in Journal's Editorial Board meeting be proposed to extend this permission to other areas, as more studies could be published by as prestigious journal. Assessing the first paragraph of the Instructions to Authors of the ABCD: "(...) is responsible for the publication of articles and clinical and experimental studies that contribute to the development of research, teaching and assistance in the field of surgical gastroenterology, clinical, endoscopic and other related issues. (...) ", I believe there is no conflict of interest in this request, since the mission of the journal is configured quite comprehensive.

We recently had the honor to correspond electronically with the Editor of the ABCD about a study related to Experimental Surgery, developed by Medicine students, which was very important in the formation of this group, it aroused huge interest of those involved and improved their school

performance. However, this article may not be accepted due to, even though it was designed and guided by a general surgeon, traverse on topic that integrated the disciplines of Physiology, Histology, Pathology and animal testing was focused on kidney evaluation, making it impossible its publication in ABCD. Although the Editor has been extremely solicitous and kind to explain the refusal, and even suggest the publication in another journal of the same level, there was great disappointment of the students involved in the paper development.

Returning to the completion of Professor Fabio Gonçalves Ferreira¹ Letter to the Editor: "Let us quote ourselves, let quote the ABCD" and the Editorial 2012 signed by Cleber Kruehl and Osvaldo Malafaia (Arq Bras Cir Dig 2012; 25 (1): 1)5: "We will publish in ABCD! Let's quote the ABCD whenever we write a paper". Let me suggest: EXPAND THE ISSUES THAT MAY BE PUBLISHED IN ABCD!

Best regard.
Pedro Luiz Squilacci Leme, Sao Paulo

REFERENCES:

1. Ferreira FG. A indexação da ABCD no PubMed e a cirurgia da hipertensão portal esquistossomótica no Brasil. Arq Bras Cir Dig 2013;26(3):248-251.
2. Turatti RC, Moura VM, Cabral RH, Simionato-Netto D, Sevilano MM, Leme PLS. Aspectos ultrassonográficos e anatomia da aponeurose do músculo transverso do abdome. Arq Bras Cir Dig 2013;26(3):184-189.
3. Kinshoku MR, Rodriguez CAL, Fidalgo RS, Duran CCG, Leme PLS. Uso racional de modelos animais para pesquisa e ensino de microcirurgia. Rev Col Bras Cir 2012;39(5):414-417.
4. Riquena da Silva A, Kriguer-Júnior RJ, Serigiolle LC, Gomes HMP, Rodrigues DAB, Leme PLS. Aumento do volume do baço em modelo experimental de hipertensão portal pré-hepática em ratos. Arq Bras Cir Dig 2013;26(3)206-212.
5. Kruehl C, Malafaia O. ABCD indexado no Medline/PubMed. Arq Bras Cir Dig 2012;25(1):1.