



## Use of contemporary live tele-video conferencing for continuing surgical training at the time of COVID-19 pandemic

Dear Editor,

With the Malaysian Control Order being implemented since 18 March 2020, precludes surgical trainers and trainees from gathering for any form of education activities.<sup>1</sup> Sudden transition from training hospitals to home isolation, increases the use of online communication applications. This affects the medical education which involves lessons of surgical principal's and practical skills acumen through surgical performances and supervised exercises.<sup>2</sup> Therefore, alternative options in continuing post-graduate surgical education must be explored.<sup>3</sup> Perhaps, the practical training with live surgery and crowded bedside case-based discussions may not be suitable at times like this. Instead, integrating clinical pedagogic sessions via online applications on electronic devices is an acceptable option.<sup>4</sup> Microsoft Teams and Zoom webinar application has been adopted to resume post-graduate general

surgery education at the National University of Malaysia, Masters of Surgery programme. These applications allow more than 40 participants and real-time screen sharing makes it an excellent choice for webinar lecture, viva voce examination, surgery case-based discussions and journal critique exercises as illustrated in Table 1. Real-time online education is convenient and observation of consistent attendance of 40 trainees in each tutorial is pragmatic (Table S1). The tutorial content is moderated and directed by a surgical tutor of the masters of surgery examination. During each session, three candidates will be randomly selected to answer questions based on the topic/issue of the day – in the form of viva voce (projected pathology pictures) and cross examination of patient's management on surgery-based patient discussions. At the end of each tutorial, feedbacks were given in regards to the tested candidates performance by the audience and the tutor. One of the tested candidates will be tasked to write a summary report of the tutorial and upload it online for future reference. The flowchart on the live tele-video conferencing process is as depicted in Figure S1.

This study is registered under the National Medical Research Register of Malaysia (ID: NMRR-20-814-54 742).

**Table 1** Post-graduate surgery tele-video conferencing lecture report (24 March to 15 May 2020)

Lecture content	24/3	25/3	26/3	27/3	28/3	30/3	31/3	1/4	2/4	3/4	4/4	6/4	7/4	8/4
VVP	9	14	17	19	8	2	15	12					1	1
CBD	1				1	2		1	4	5	1	3	1	
JCE	1								1	1	1			
Tutorial						2								
No. attendees	40	52	47	39	46	47	43	45	38	44	30	32	32	39
Duration (min)	105 <sup>†</sup>	90 <sup>†</sup>	87 <sup>†</sup>	72 <sup>†</sup>	77 <sup>†</sup>	46 <sup>‡</sup>	76 <sup>†</sup>	85 <sup>†</sup>	69 <sup>†</sup>	71 <sup>†</sup>	77	64	60	58
Lecture content	9/4	11/4	13/4	14/4	16/4	17/4	20/4	21/4	22/4	23/4	24/4	27/4	28/4	29/4
VVP				1										
CBD					1	1	1		1	2	2	2	1	2
JCE	2							2						
Tutorial		1	1	1		1							1	
No. attendees	35	35	29	39	39	33	37	45	47	53	56	32	41	27
Duration (min)	90	29	75	65	64	79	73	68	46	97	99	73	98	86
Lecture content	30/4	1/5	4/5	5/5	6/5	7/5	8/5	11/5	12/5	13/5	15/5			
VVP														
CBD	1	2		2	2		1	1	2	1	1			
JCE						1								
Tutorial			1		1	2			1	1				
No. attendees	52	53	36	34	37	40	40	36	32	41	40			
Duration (min)	69	108	70	102	72	73	92	46	92	87	63			

†Two-lecture session/day.

‡Three-lecture session/day.

CBD, case-based discussion; JCE, journal critique exercise; VVP, viva voce pathology.

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## References


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## Supporting information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site:

**Figure S1.** Flow chart of conducted post-graduate surgical candidates tele-video conferencing tutorial.

**Table S1.** Summarized data of 50 tele-video conferencing lectures (24 March to 15 May 2020)

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## Re: Factors related to recurrence of idiopathic granulomatous mastitis: what do we learn from a multicentre study?

Dear Editor,

We read with great interest the recent article published by Uysal *et al*.<sup>1</sup> The authors stated that although the aetiology of idiopathic granulomatous mastitis (IGM) is still unclear, hormonal, autoimmune and various irritants could lead to granulomatous inflammation. We agree with the hypothesis of the authors. However, they also stated that sarcoidosis, tuberculosis (TB) and *Corynebacterium* could also cause IGM which we completely disagree with. It is a common fact that IGM is a clinical condition characterized by non-necrotizing granulomatous inflammation of the mammary glands without a clinical and histopathological definable aetiology. Granulomatous mastitis caused by specific disease entities such as sarcoidosis and TB are classified as secondary granulomatous mastitis.

In countries where TB is endemic, TB should be included in the differential diagnosis of IGM which has already been stated in the Methodology section. However, if they had presented any data on the number of patients with TB mastitis positive, it would provide important information regarding the rates of IGM and TB mastitis, and would give valuable information regarding the prevalence in the general population. Another important point is whether the authors performed polymerase chain reaction and Interferon-Gamma Release Assay in patients with recurrence or persistent TB because our experience shows that TB may be underlying in a considerable amount of cases like these and the patients respond to anti-TB therapy very well.

We would expect that the authors would have performed multivariate analysis to determine the independent risk factors of recurrence as the patient volume is high. Furthermore, the odds ratio should have been calculated for the variables included in the univariate analysis to delineate the level of influence of these variables on the recurrence. We used the data presented by the authors, and made further analysis and present the results in Table 1. According to our calculations presented in Table 1, pregnancy, breastfeeding, smoking and breast infection had a significant impact on the development of recurrence. Although the meaning of systemic bacterial infection is not clear, it seems to decrease the risk of recurrence by 2.3-fold, which is clinically irrelevant in our opinion.

**Table 1** Calculation of factors affecting IGM recurrence using univariate analysis

	IGM recurrence		P	Univariate analysis	
	No (n = 598)	Yes (n = 122)		OR	95% CI
Pregnancy (+) <sup>†</sup>	542 (91)	120 (98)	0.007	6.2	1.50–25.8
Breast feeding (+) <sup>‡</sup>	501 (84)	111 (91)	0.042	1.9	1.01–3.77
Smoking (+) <sup>‡</sup>	132 (22)	40 (33)	0.011	1.7	1.12–2.63
Systemic bacterial infections (–) <sup>†</sup>	74 (12)	7 (6)	0.05	2.3	1.04–5.17
Breast infection (+) <sup>‡</sup>	170 (28)	46 (38)	0.042	1.5	1.01–2.29

<sup>†</sup>Yates correction.

<sup>‡</sup>Pearson's chi-squared test.

CI, confidence interval; IGM, idiopathic granulomatous mastitis; OR, odds ratio.