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Comment on: intraluminal cervical esophageal perforations in rats

Eurasian Clinical and Analytical Medicine **Letters to the Editor**

Experimental cervical esophageal perforations in rats

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To the Editor

We read with interest the paper by Çubuk et al¹. We thank the authors for sharing their experiences with us.

Despite advances in the field of surgical technique, medical equipment, and patient care, esophageal injuries still have high morbidity and mortality rates of up to 60%.² The primary surgical repair of esophageal injury before 24 hours is a generally accepted approach in clinical practice.³

The esophageal perforation model described in the article is created by surgical dissection after exposing the cervical esophagus. This situation does not represent a typical iatrogenic injury to the cervical esophagus mostly caused by instrumentation in clinical settings where there is continued integrity of the surrounding tissue.

The localization of the perforation in the esophageal wall after endoscopic procedures in clinical practice is not classified as a prognostic factor. The difference between the anterior and lateral perforation groups in the study is explained by the support of the trachea to the anterior repaired area. A study including a group followed up conservatively with esophageal perforation created without dissection of the cervical esophagus may be designed to guide clinical practice.

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DOI:10.4328/ECAM.23

Received : 21.10.2013

Accepted : 21.10.2013

Published Online : 21.10.2013

Printed Online : 21.10.2013

Eu Clin Anal Med 2013;1(3). doi:10.4328/ECAM.23

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How to cite this article: Ozgur Karakurt, Bulent Kocer. Comment on: intraluminal cervical esophageal perforations in rats. *Eu Clin Anal Med* 2013;1(3). doi:10.4328/ECAM.23