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AUTHORS' RESPONSE

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Thank you for your comments on this article and the issues that you raise. At the time of managing these patients, we were limited to using the stents that we had available to us in our unit (Ultraflex™; Boston Scientific, Natick, MA, US). When we realised they were not providing an adequate seal, we looked for alternatives and changed to the Polyflex® stent (Boston Scientific). These provided a greater radial force than that of the Ultraflex™ stents, and they were more effective in both excluding the defect from the alimentary tract and preventing the development of further associated mediastinal and pleural collections. Once we were aware that the Polyflex® stent was superior to the Ultraflex™ stent, it was subsequently used as a primary treatment modality without complication.

We are sorry for not citing your unit's paper describing a similar rendezvous type technique to that of our own. I am sure that we would have benefitted from your expertise. We would, however, like to draw your attention to the extensive bariatric literature now available supporting the use of stents in the management of oesophagogastric leaks and perforations.^{1–3} These demonstrate both the safety and efficacy of plastic covered self-expandable metallic stents in managing challenging clinical circumstances.

While we agree that the mainstay of treatment for this condition should be surgical, we are more pragmatic in our approach and recognise that in selected patients who perhaps present late with established multiorgan dysfunction or have significant co-morbidity, a dogmatic approach may be somewhat risky. As such, we put forward our technique for consideration in selected circumstances where surgery may be ill advised.

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Twist-over: stainless steel suture technique for skin graft applications

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COMMENT ON

Shokrollahi K, Sofos S.

Twist-over: stainless steel suture technique for skin graft applications.

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Shokrollahi and Sofos' article is excellent but fails to reference the 'herniotomy approach' published by Choudhary and Lam in 1999,¹ a technique to which theirs bears some core similarities. Choudhary and Lam describe using a silk suture to secure the graft at its periphery, leaving the suture ends long. These suture ends are then drawn together and twisted until they apply sufficient force on the underlying bolster (as repeated in Shokrollahi and Sofos' technique). A single stitch tied around the twisted bundle of threads secures it. Some years ago, we modified this technique such that the final stitch weaves over and under each of the tie-over strands just before they become entwined to stop any slippage.

Although our final suture may add an additional few seconds of operative time compared with the stainless steel 'twist-over' technique, we feel that this is more than compensated for by the use of a significantly cheaper stitch material that can be removed quickly and easily with the use of any blade or stitch cutter.

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Streptococcal toxic shock syndrome following total thyroidectomy

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COMMENT ON

Hung JA, Rajeev P.

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We were interested to read this review. In fact, we described this rare but potentially fatal complication following a