Reply

Dear Editor,

We thank the reader for showing interest in our work. Saline Infusion Sonography (SIS) is a well known diagnostic technique for evaluation of intracavitary lesions of the uterus. In case an intracavitary lesion is found on SIS, the patient will require hysteroscopic surgery for its definitive management. In our study, we used only TVS for the initial triage of patients with AUB. In case, the endometrial cavity appeared normal, we concluded that we could dispense with any further testing and proceed with treatment based on the clinical profile of the patient. On the other hand, if we found some intracavitary lesion, which could be distinguished as polyp, fibroid or thickened endometrium with a good degree of accuracy on TVS itself, it would merit definitive treatment at hysteroscopy. Therefore, we recommended in our study that these cases be taken directly to hysteroscopy, that will clearly establish the diagnosis and provide the opportunity for definitive therapy simultaneously by interposing SIS between TVS and

hysteroscopy in a patient found to have an intracavitary lesion, we would not be gaining any advantage. The time, effort and cost of adding SIS to the investigative work-up of AUB cases was thus avoided.

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Letter to the Editor

The ABC of diabetes: Are we doing enough?

Dear Editor,

I read with considerable interest the original article titled, “The ABC of diabetes. How many patients are able to achieve the goal laid down by American Diabetes Association?” by Menon et al. published in Med J Armed Forces India 2015; 71:132–134.¹

Effective management of Type 2 Diabetes Mellitus (DM) requires comprehensive approach to target not just the hyperglycemia but blood pressure and lipids to achieve significant reduction in cardiovascular risk. Large studies have shown that glycemic control alone is not sufficient to reduce the development of macrovascular complication.² Hence the various treatment guidelines for Type 2 DM lay down targets for these important parameters. Adequacy of treatment modalities require a regular look at the targets being achieved or the lack of it. This is important to reassess protocols, improve treatment delivery; regular monitoring and regular follow up. In a short but significant step in that direction, the authors have looked at a subset of their patients and whether targets were being achieved in them.¹ One hundred patients were assessed at baseline and followed up over 6 months to evaluate the improvement in achieving these targets. Criteria laid down by the American Diabetes Association (ADA) were taken in this study. Less than half (45%) patients were achieving glycemic targets, only 27% the BP targets and 37%, the lipid goals with no significant change over the 6 months of follow up. Only one patient had all

parameters within target at baseline and three had at 6 months follow up.

This study has been conducted in premier tertiary care centres of the Indian armed forces where quality of medical services is likely to be at par with best of centres in the country. Other parts of the country with less well equipped centers are likely to have worse results, which can only be known by a larger multicenter study over a longer period of follow up.

Similar studies from the developed world have also shown low rates of success of therapy, albeit better than these figures.³

This is a significant step by the authors to audit the performance of comprehensive diabetes care programme. It is an eye opener and lays bare the weaknesses in our medical system. However, not much should be read into this study as it was a small study considering the large prevalence of Type 2 DM and various levels of healthcare that it is managed in our country. These patients were included during the months of December and January, which is usually a holiday season and patients are likely to have defaulted in diet, drug compliance and regular monitoring. However no significant improvement over the next six months suggests that this may not have been the only reason for it. Recent guidelines have brought out the concept of individualization of targets especially for glycemia and BP. As this study has not elaborated on individual goals and has taken similar targets across the board, it is likely that poor success of therapy being shown here may not be correct.

In a large organization like the Armed forces, where treatment protocols are fairly standardized, primary and

secondary care health delivery system is well developed and regular follow up is well ensured, we can design a larger study with an inbuilt system to assess the achievement of treatment goals periodically. This mechanism to audit comprehensive healthcare delivery in a condition like Type 2 DM which has such a significant impact on cardiovascular morbidity and mortality will be a huge step towards achieving improved health for our clientele.

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Reply

Dear Editor,

We thank the reader for the keen interest he has shown in reading our article. There is lack of data on the effectiveness of therapy for Diabetes in our country. We agree with the reader's contention that larger studies should be planned to get a comprehensive picture of standard of care of Diabetes in our clientele. We feel Armed Forces Medical Services with its stratified structure of providing medical care is ideally suited for conducting the study and could take a lead in this respect.

The study design was formulated before the concept of individualisation of glycemic target was brought in diabetes care. We are not certain whether the outcome would have been any different even if we had used individualised targets.

The necessity for auditing performance is the first step in improving quality of care in chronic non communicable disease like Diabetes and we hope more attention is paid to this aspect of diabetes care.¹

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Letter to the Editor

Dear Editor,

I read with extreme interest the original article titled “Major laparoscopic surgery under regional anesthesia: A prospective

feasibility study” by Singh et al. published in *Med J Armed Forces India* 2015; 71:126–131.¹

Laparoscopic surgeries have revolutionized the very outlook of surgeons. Gone are the days of large incisions and