Culinary Medicine—Jalebi Adhesions

Vinay K Kapoor¹

Received: 3 October 2015 / Accepted: 3 November 2015 / Published online: 13 November 2015
© Association of Surgeons of India 2015

Abstract Culinary terms have been used to describe anatomy (bean-shaped kidneys), pathology (strawberry gall bladder), clinical signs (café-au-lait spots), radiological images (sausage-shaped pancreas), etc. While Indian cuisine is popular all over the world, no Indian dish finds mention in medical terminology. In intra-abdominal adhesions, sometimes, the intestinal loops are so densely adherent that it is difficult to make out proximal from distal and it is impossible to separate them without injuring the bowel resulting in spill of contents—resection is the only option (Fig. 1). *Jalebi*, an Indian dessert, has a single long tubular strip of fried batter filled with sugary syrup so intertwined that it is impossible to discern its ends; if broken, the syrup spills out—the best way to relish it is to chew the whole piece (Fig. 2). Because of these similarities between them, I propose to name dense intra-abdominal adhesions as ‘jalebi adhesions.’

Keywords Adhesions · Lysis · Obstruction · Resection

Culinary terms have been used extensively in medical sciences to describe anatomy, e.g., bean-shaped kidneys, almond-shaped submandibular glands; pathology, e.g., strawberry gall bladder, nutmeg liver, watermelon stomach;

morphology, e.g., pear-shaped obesity; clinical signs, e.g., café-au-lait spots, portwine stain; secretions, e.g., black currant jelly stools, anchovy sauce pus; radiological images, e.g., sausage-shaped pancreas; instruments, e.g., olive-shaped tip of vein stripper; specimens, e.g., doughnuts after use of end-to-end stapler; etc.

While Indian cuisine is becoming popular all over the world, no Indian dish finds a mention in medical terminology.

I propose to name a common operative finding after a popular Indian dessert—‘jalebi.’

Intra-abdominal adhesions, usually postoperative but uncommonly congenital or due to tuberculosis, can be entero-enteral, entero-mesenteric, entero-parietal, or mesenterico-mesenteric. At operation, sometimes, the small intestinal loops are so densely adherent that it is difficult to make out proximal from distal and it is impossible to separate them from each other without causing injury to the bowel resulting in spill of intestinal contents—resection of a segment of small bowel is the only safe option (Fig. 1).

Fig. 1 Resected segment of small bowel with such dense adhesions that it is not possible to make out proximal from distal

✉ Vinay K Kapoor
vkkapoor.india@gmail.com

¹ Sanjay Gandhi Post-graduate Institute of Medical Sciences (SGPGIMS), Lucknow, UP 226014, India

Fig. 2 ‘Jalebi’—a popular Indian dessert

Jalebi, a popular Indian dessert, is round in shape, has a single long thin tubular strip made of deeply fried flour batter filled with a sweet sugary syrup intertwined and twisted in such a complex coil or loop or knot-like fashion that it is impossible to discern its two ends; if it is broken into pieces, the syrup inside spills out of the tube—the best way to relish it is to put the whole circle into the mouth and chew it (Fig. 2).

Because of these similarities between intra-abdominal adhesions and ‘jalebi,’ I propose to name dense intra-abdominal adhesions as ‘jalebi adhesions.’

Compliance with Ethical Standards

Conflict of Interest The author declares that he has no competing interests.