LETTERS TO THE EDITOR

Burn Therapy for Pain

SIR,

Various techniques alternative to medicine are used to relieve the pain. These techniques are used since ancient times and a number of patients in remote areas are willing to use these techniques. Medical Acupuncture and related techniques like meditation, hypnotherapy, massage therapy, psychotherapy and herbs are increasingly practiced.\(^1\),\(^2\) Acupuncture is the strategic insertion of fine needles into specific points on the surface of the body for the purpose of stimulating healing. Meditation is also a good alternative therapy that relieves the pain.\(^3\) Intradermal needles technique and muscle meridian are very unusual and traditional Japanese concepts. Spiritual healing is also a popular complementary and alternative therapy.\(^5\)

In the Baluchistan province of Pakistan there is a tradition to treat the pain and different diseases by touching the diseased area with a hot, iron rod for a second; this will leave the burn scar over the area touched and patient remain free from pain for a certain period of time. This is called ‘Dagh’ in vernacular.

A total of 9 patients presented at The Surgical Outpatient Department, Civil Hospital, Karachi, from July 2006 to July 2009. Two patients presented with the burn mark on their breasts diagnosed as cases of fibroadenosis and eczema breast treated by Dagh, third patient presented with the burn scar over the axilla, being a case of carcinoma breast with metastasis to the axilla, treated for severe pain due to advanced malignancy by this method. The 4th patient presented with the scar mark over the neck and being a case of multi-nodular goiter.

Case number 5 and 6 showed the burn scars all over the abdomen; they were diagnosed as cases of cholelithiasis and acid peptic disease respectively. Case number 7 had the burn scar over the angle of mandible; this patient suffered from pain due to dental pathology. Case number 8 showed the burn scar around the anal canal; this was diagnosed as a case of hemorrhoids treated by this method. Case number 9 showed the scar mark on the chest, for postmastectomy pain due to advanced malignancy.

In conclusion dagh is an unpleasant and awful treatment for pain used as an alternative to medicine. It may be cost effective, but leaves the burn scar. Pain might be relieved because of diversion of mind from the disease or pain and tradition, lack of education or psychological element. None of these therapies replace the medical treatment. We must educate and council our patients to restrain them from this unethical and painful practice.

REFERENCES


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Diagnostic Accuracy of Fine Needle Aspiration Cytology in Hepatic Tumours

SIR,

We read with interest the article by Nazir et al.,\(^1\) incorporating the fine needle aspiration cytology in hepatic lesions. As an oncologist, I would like to mention certain limitations and reservations about this study.

1. Immunocytochemistry studies were not carried out on the available specimens for no reasons. These ancillary tools are helpful in differentiating the benign and neoplastic tumours especially to differentiate between well differentiated hepatocellular carcinoma (HCC) from benign hepatic tumours with more accuracy than haematoxylin and eosin (H & E) staining. In these cases, decrease or absent reticulin staining or positive staining pattern support the diagnosis of HCC.\(^2\) Similarly, canicular staining pattern with antibodies against polyclonal carcinoembryonic antigen (pCEA) and diffuse positive staining with endothelial cells markers (such as CD34) can help distinguish HCC from metastatic adenocarcinoma.\(^3\) But positive staining with these markers is not often identified in poorly differentiated HCC. So recently a new marker, HepPar1, has been shown to be very specific and sensitive as a marker for HCC. Studies have shown about 83% to 100% of HCC were HepPar1 staining positive but only 4-15% of metastatic carcinomas were positive.\(^4\)
2. Thirty-two cases (39.5%) out of 81 were found to be metastatic lesions. Did authors try to find out the nature of those metastatic deposits? For an oncologist a specimen labelled as “metastatic” without specifying its origin e.g. metastatic renal cell carcinoma or metastatic adenocarcinoma does not aid in cancer management decision.

3. Theoretically, pulling out the fine-needle when it has been inserted into tumour may result in contamination of malignant cells on the tracts or surface of fine needles. One meta-analysis study have shown that the incidence of needle tract tumour seeding following biopsy of a HCC is 2.7% overall, or 0.9% per year.5 What was the experience of authors regarding needle track seeding? Fine needle aspiration though easy, safe and cost effective tool; in modern era we must not rely only on H & E staining, rather technical and administrative efforts shall be made to incorporate immunohistochemistery, ultra-structural electron microscopy and molecular markers.

REFERENCES


Authors’ reply

Dear Sir,

The fine needle aspiration (FNA) replaced the conventional large needle core biopsy in the diagnosis of focal lesion with conjoint correlation with clinical presentation and radiological findings. Comparative studies between core biopsy and FNA have favored aspiration for focal liver disease. FNA enjoys an edge that samples can be taken from both right and left lobes, superficial and deep lesions and small nodules high in the right dome of the liver. Furthermore aspiration samples can be evaluated on site for adequacy and repeated if required without undue risk to the patient.1

The present study focused only to determine the diagnostic accuracy of FNA in hepatic tumours using core biopsy histopathology as gold standard. It is the paraffin blocks of the core biopsies on which the immunohistochemistry (IHC) is applied if required as a diagnostic aid. Core biopsy/needle biopsy evaluation, use of IHC in core biopsy and its pit falls were neither the objective nor required to determine the diagnostic accuracy of FNA.

The primary objective of FNA is to differentiate between primary and metastatic lesion in liver. However, in the present study, attempt was made to determine the primary origin of metastatic tumours which showed 25 metastatic adenocarcinomas with a primary from gastro-intestinal tract, 2 cases of metastatic malignant melanoma with melanin pigmentation and 3 cases of metastatic neuro-endocrine tumour (carcinoid tumour). Usually in metastatic lesions, further work up for a patient requires a multi-disciplinary approach with clinical-radiological consultation aided by serum tumour markers. After reaching a presumptive primary site, specific antibody is applied for confirmation on IHC. Even after this exercise, there is still a group of patients who remain as “metastatic with unknown primary” where a whole spectrum antibodies is applied to the paraffin blocks of core biopsy to suggest a possible primary with the limitations of IHC concerning sensitivity and overlapping results amongst tumors from different organs since they all develop from the three germ cell layers. To apply a whole panel of wide range of antibodies without clinico-radiological survey to determine a primary can be a good research-oriented exercise but cannot be followed in routine practice for its own limitations, sensitivity issues and cost benefits.2

Allegations of needle track spread have always dogged FNA and liver FNA is no exception to this controversy. Reports citing subcutaneous seeding of needle track from otherwise operable hepatocellular carcinomas on critical evaluation showed that 18 gauge needles instead of recommended 0.8 mm/21 gauge needles were used and they traversed one lobe to reach the other lobe. Moreover, such cases were successfully treated by simple extirpation of isolated subcutaneous deposits and no survival difference was seen in 1.5% HCC subjected to FNA with seedling in comparison to HCC patients not subjected to FNA. However, cyto-

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pathologists and radiologists should be clear about the caliber of the needle being used for the procedure to avoid even this grey complication.  

REFERENCES


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