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## Letters to the Editor

### Rectal Surgery for Endometriosis- Should We Be Aggressive?

#### *To the Editor:*

We read "Rectal surgery for endometriosis-Should we be aggressive?" (J Am Assoc Gynecol Laparosc 10(2): 182-186) with both interest and concern. In their discussion, the authors referenced two of our articles<sup>1,2</sup> and wrongly stated, "One patient developed severe vascular and nerve complications that led to a permanent colostomy." In fact, no patient experienced any such complications." The authors seem to have drawn their conclusions based on allegations made from a case that was widely publicized in the lay press in this country. The allegations were evaluated by the highest medical authorities and were found to have no scientific merit (documentation of clearances from Composite Medical Board of Georgia, Medical Board of California, and New York Medical Board are enclosed for the files of this journal).

Retraction of the article was politically motivated and was not based on objective scientific inquiry. There were some minor incongruities in our article that did not detract from the substance of the paper.<sup>1</sup> When we discovered these minor incongruities, we reported them to the editor and voluntarily offered to withdraw the paper. However, Dr. Karl Zucker, editor of the journal at the time, after speaking with his board, advised us that this was not necessary. A copy of his letter is attached for the files and for the editor of this journal.

Greg Freeman, former editor of Laparoscopic Surgery Update, had written an article detailing events surrounding the retraction of our article and the fact that Dr. Zucker, previous editor of Surgical Laparoscopy and Endoscopy, had specifically told us not to retract the article. Mr. Freeman was planning to publish this article, but the publishers of Laparoscopic Surgery Update (same publishers of Surgical Laparoscopy and Endoscopy and Percutaneous Technique) did not allow him to do so. In protest, he resigned from his position as editor of Laparoscopic Surgery Update. Mr. Freeman wrote, "Lippincott Williams & Wilkins refused to publish the article. After serving as editor of Laparoscopic Surgery Update since its debut 9 years ago, I have resigned my position." A copy of his letter to us stating that fact is being sent to this journal for the files of the editor.

We hope that the authors will be enriched with this information. It is possible that they were not aware of our

our operating rooms in the United States. As they knew how to contact us, had we been asked, we would have gladly made available any information needed for their paper. Had this been done, an accurate account could have been presented with respect to our work.

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#### References

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3. Nezhat C, Nezhat F, Tazuke S, et al: Long-term results of laparoscopic treatment of rectosigmoid endometriosis. Presented at the International Congress of Gynecological Endoscopy, Paris, France, June 7-8, 1996.
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5. Nezhat CR, Nezhat FR, Siegler AM, et al: Operative Gynecologic Laparoscopy, Principles and Techniques. New York, McGraw-Hill, 2000, p 198
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#### Response

We read with some disappointment Dr. Nezhat's comments on our article. This article was reviewed by the journal's Editorial Board and their assistants and returned to us for amendment with the comment, "The pulling of the proximal bowel through the bowel or presumably the vagina is very controversial and has been the subject of significant criticism in the United States because of injury to vessels and nerves that may occur and result in dysfunctional bowel. The paper must address this issue and describe how their technique is different so that these injuries do not occur."

Without doubt, we were aware (Carl Wood, Peter Maher) of controversies surrounding this pull-through operation from personal discussion with many well-respected gynecologic surgeons from the United States. We were also aware who the parties were under investigation. It is with a great deal of relief that, since submission of this paper to the AAGL, Drs. Nezhat have been rightly restored to the position that they deserve thanks to their many pioneering procedures in gynecologic endoscopy. At no time did we intend to slur Dr. Nezhat and his colleagues or open old wounds. Australia is a long way away from the day-to-day activities of the gynecologic world of the United States. If a "home-grown" referee doesn't have a handle on what is going on in his country, how can we be expected to do better?

We accept Dr. Nezhat's letter as being a true account of what was an unfortunate circumstance, and unreservedly apologize to him and his colleagues for any apparent misrepresentation.

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