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Letter to the Editor



To the Editor.

It was with interest we read Wales et al's report on the management of five patients with congenital ultra-short bowel [1]. The concept of iatrogenic bowel obstruction to induce bowel dilatation with a view to subsequent lengthening surgery is not new. Georgeson and colleagues described the technique of using a nipple valve to partially obstruct and expand a proximal bowel segment for the purpose of delayed bowel lengthening in 1994 [2]. Since then, we have published our series of 10 patients managed by intermittently obstructing tube stomas to achieve controlled bowel expansion for subsequent longitudinal intestinal lengthening and tailoring [3].

Although we dispute the novelty of the concept, we commend the thoroughness of the report and advocate the technique of controlled bowel expansion to permits autologous intestinal reconstruction surgery in selected patients with short bowel syndrome. Ideally, this strategy should be offered within the remit of a structured intestinal rehabilitation program [4].

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