

**Article: Clinics in Diagnostic Imaging (66)**

(SMJ Vol 42 Issue 10 October 2001)

Dear Sir,

The above mentioned article – Clinics in Diagnostic Imaging (66) by AJ Augustine, KR Pai, R Govindarajan in the Singapore Medical Journal 2001 Vol 42 (10):494-495 reporting a case of complete Branchial Fistula demonstrated so beautifully by a contrast study formed interesting reading. Branchial Fistula is usually a spot clinical diagnosis. The history and classical site of the external opening of the fistula clinches the diagnosis most of the times. More so the management does not change with a contrast study. So what is it that prompted the authors to do a contrast study? Usually such studies are not the norm. Did the patient have additional symptoms that led the authors to suspect that it would have an internal opening?

Yours sincerely,

Dr Patankar Jahoorahmad Z, Dr Hemashi S Shah  
Lecturer, Department of Paediatric Surgery  
202, Cliff Tower Apartments  
III Cross, Samarth Nagar,  
Lokhandwala Complex Andheri (West),  
Mumbai 400053, India

## R e p l y F r o m A u t h o r

Dear Editor,

In response to your letter to the Editor, I would like to clarify the following regarding the article “Radiologically demonstrable complete branchial fistula – Clinics in Diagnostic Imaging (66).

- (a) The patient did not have any “additional” symptoms which led us to believe that it had an internal opening.
- (b) Though it is usually a “SPOT” diagnosis, in our Department it is standard practice to delineate all fistulae in the neck with a contrast study. As emphasised in our article, we do this to facilitate complete excision and prevent recurrence.

Yours sincerely,

Dr Alfred J. Augustine  
Associate Professor  
Surgery  
Kasturba Medical College Hospital,  
Mangalore 575001  
Karnataka, India