

## Swimming pool filter-induced transrectal evisceration in children: Australian experience

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**TO THE EDITOR:** The long-term functional outcomes in the three cases of swimming pool filter-induced transrectal evisceration described by Price and colleagues<sup>1</sup> are excellent and significantly better than many other cases described in the literature. However, it may be possible to improve further on such results, or at least decrease short-term morbidity, by expediting the reduction of the eviscerated bowel.

In all three cases described,<sup>1</sup> the children presented initially to a local hospital and were subsequently transferred to a tertiary care facility before operative reduction was initiated. It is likely that earlier operative reduction of the eviscerated bowel would decrease secondary venous congestion of the prolapsed segment, thus minimising further ischaemic changes already initiated by the mesenteric arterial and/or venous tear. This in turn may improve the perfusion of the affected segment; lessen the development of hypothermia, hypovolaemia and sepsis; and possibly increase the final length of viable bowel.

A "damage control" laparotomy<sup>2,3</sup> performed at an appropriate hospital of initial presentation (one with a surgeon and anaesthetist available), with the principal aim of early reduction of the prolapsed bowel into the abdominal cavity, may improve outcomes in such cases.

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1 Price NR, Soundappan SV, Sparnon AL, Cass DT. Swimming pool filter-induced transrectal evisceration in children: Australian experience. *Med J Aust* 2010; 192: 534-536.

2 Kushimoto S, Miyauchi M, Yokota H, Kawai M. Damage control surgery and open abdominal management: recent advances and our approach. *J Nippon Med Sch* 2009; 76: 280-290.

3 Rotondo MF, Schwab CW, McGonigal MD, et al. 'Damage control': an approach for improved survival in exsanguinating penetrating abdominal injury. *J Trauma* 1993; 35: 375-382. □