

Letter to the Editor: Colonic Perforation**Carta ao Editor: Perfuração do Cólon**

Keywords: Colon/injuries; Colonoscopy/adverse effects; Intestinal Mucosa/injuries; Intestinal Perforation

Palavras-chave: Cólon/lesões; Colonoscopia/efeitos adversos; Mucosa Intestinal/lesões; Perfuração Intestinal

I read with interest the article titled “Target Sign: Endoscopic Sign of the Colonic Perforation” by Costa JM *et al.*¹ It is indeed unfortunate when a well-intended therapeutic intervention results in iatrogenic complications. Indeed, the early recognition of target sign as a marker of colonic perforation will enable the immediate closure of the defect by endoscopic clips.

The European Society of Gastrointestinal Endoscopy position statement in 2014 recommends clipping either through the scope or over the scope within four hours of colonic perforation, depending on the size of the defect.²

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Post-procedure, the patients should be admitted and closely observed. If patients remain asymptomatic, they can be discharged with a prescription of oral antibiotics. However, symptomatic patients will require further imaging with computed tomography and possibly even a surgical repair.²

As compared to a very high perforation rate of up to 15% due to acute diverticulitis, colonoscopy related perforation occurs at rates not exceeding 1%.³ Risk factors for colonic perforation includes advancing age, presence of pre-disposing conditions such as peptic ulcer disease and acute appendicitis, poor nutritional status, the primary cause of the perforation (i.e. either organic versus iatrogenic) and presence of other complications.⁴

Therefore, the need for extra vigilance for complications of therapeutic procedures such as colonoscopy cannot be overemphasized with a proactive search for early signs of bleeding and perforation.⁵ After all, “the eyes can’t see what the mind doesn’t know.”

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**Letter to the Editor regarding the article “Prevalence of Hepatitis A Virus Antibody in Portuguese Travelers: A New Paradigm”****Carta ao Editor relativa ao artigo “Seroprevalência do Anticorpo do Vírus na Hepatite A em Viajantes Portugueses: Um Novo Paradigma”**

Keywords: Hepatitis A; Hepatitis A Antibodies; Hepatitis A Virus, Human; Portugal; Seroepidemiologic Studies; Travel; Travel Medicine; Viral Vaccines

Palavras-chave: Anticorpos Anti-Hepatite A; Estudos Seroepidemiológicos; Hepatite A; Medicina do Viajante; Portugal; Viagem; Vírus da Hepatite A Humana

We have read with great interest the article published by Rocha *et al*¹ about the prevalence of hepatitis A among Portuguese travelers, where the authors highlight the tendency of lower rates of anti-Hepatitis A virus (HAV) antibody in Portuguese adults up to 50 years old. In fact, this is a confirmation of a tendency that was firstly observed 20 years ago when a study by Marinho *et al*² demonstrated this difference: the prevalence in healthcare workers (average

age of 40.1 years) was 86.4% in opposition to a prevalence of 35,3% in medical students (average age of 20.7 years). This is quite different from the figures encountered around a decade before, in 1984, in the largest study on hepatitis A prevalence in Portugal: 84.9% in overall population, 23.6% in those under 4 years of age, increasing to 93.6% by 18 and reaching 99% after the age of 30.³

We have also conducted a study where this same trend was detected, and verified that it is not that recent. We retrospectively reviewed the anti-HAV antibodies (IgG, and IgM when it was asked) of all patients to whom it was requested at our district Hospital - either in the Emergency Department, the Ward or Consultation - which encompass a heterogeneous population, in the years of 2004 and 2013, to check for any differences in this period of time. We included 637 patients (296 in 2004 and 341 in 2013) with a median age of 41.2 ± 19.1 years (38.7 years in 2004 and 43.4 in 2013) of which 55.7% were men. The mean prevalence of hepatitis A was 77.7% in 2004 and 76.2% in 2013 ($p = 0.66$). On the other hand, the prevalence in the pediatric age group was 34.8% in 2004 and 39% in 2013 ($p = 0.80$). The only statistically significant difference we have

found was the mean age of patients with or without previous hepatitis A that was 46.2 and 24.1 years, respectively ($p < 0.05$), which illustrates once again the lower prevalence in younger people, a fact that is also stressed in their article.¹

Nevertheless, there is a considerable difference in hepatitis A prevalence between our studies, which may be re-

lated to the various ethnicities of patients attended at our Hospital, since at least the mean age of patients in our studies is quite similar.

Just like our colleagues, we share the concerns around the implications that this higher lack of immunity to hepatitis A could have in the nearby future.

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Letter to the Editor: The Clear and Present Danger to Portuguese Travelers to the Middle East Region

Carta ao Editor: O Perigo Claro e Presente para os Portugueses que Viajam para o Médio Oriente

Keywords: Hepatitis A; Hepatitis A Antibodies; Hepatitis A Virus, Human; Portugal; Seroepidemiologic Studies; Travel; Travel Medicine; Viral Vaccines

Palavras-chave: Anticorpos Anti-Hepatite A; Estudos Seroepidemiológicos; Hepatite A; Medicina do Viajante; Portugal; Viagem; Vírus da Hepatite A Humana

I read with interest the recently published article by Rocha *et al*¹ in your esteemed journal. As the authors mentioned, the prevalence of hepatitis A virus (HAV) infection decreased in young adults in Portugal and we have similar data from other parts of the world too.^{2,3} The prevalence of HAV infection differs greatly in various parts

of the world depending on the geographic area, sanitary conditions and socioeconomic levels. There are several reports about a shifting epidemiological pattern of HAV from high prevalence to lower endemicity as a result of improved living conditions all over the world, even in developing countries.⁴ The most frequent travel destination in Rocha *et al*¹ was sub-Saharan Africa and around 50% of travelers under 50 years old susceptible to hepatitis A virus infection required HAV vaccination before travelling to high endemicity areas for HAV infection. I would like to mention that nobody should forget the Middle East area with many conflicts such as wars, floods and crisis that can affect the access to safe water and proper disposal of wastes. The tourists from western countries with low endemicity for HAV infection should receive HAV vaccine and be more aware of good practices in safe water drinking in the Middle East region.^{3,5}

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