An Unusual Technique for the Removal of Peripheral Retained Foreign Body from a Paediatric Bronchial Tree

Sir

I was very pleased to read the case report of Professor A. A. Ashoor published in *Saudi Med J* 1991; 12(5): 424–426, where he presented an unusual technique for the removal of peripheral retained foreign body from a paediatric bronchial tree. I am very grateful to Professor Ashoor’s acknowledgement regarding my ‘advice and assistance’.

However, I have, for the sake of truth, to make the following comments:

1. The case was done at the Security Forces Hospital when Dr Ashoor was on special assignment and it was referred to Security Forces Hospital from the King Faisal University Hospital in Al-Kobar.
2. As Dr Ashoor will remember, it was I who introduced the idea of utilizing the bladder biopsy forceps after removing the lens from the paediatric bronchoscope and relying on fluorescence to grasp the foreign body. As a matter of fact, I had to do a small in vitro test to convince Dr Ashoor of the viability of the technique.
3. Although Dr Ashoor was the main consultant on the case, it was I, utilizing his bronchoscopy, who technically removed the foreign body and the bronchoscope in toto.

I hope this comment will clear the facts and shows how different specialties with same endoscopic experience can work together to achieve the patient’s well being and avoid major surgical intervention.

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Saudi Medical Journal 1993; 14(1): 84

Concerning the second point—indeed we were sitting that day in the operating room discussing the different options of removing the foreign body and one of these options was to use the bladder biopsy and fluoroscopy.

As to the third point—I was the surgeon who bronchoscooped the child, identified the segmental bronchus, then introduced the forceps through the bronchoscope to come in contact with the foreign body. As my hands were busy with the bronchoscope, the direction of the forceps and the child’s head, at the other end of the forceps; at the grip of the forceps, Dr Rifai was trying to grasp the foreign body. Once it happened, I removed the bronchoscope including the forceps and the foreign body. So it was team work and a very obvious action for the sake of the patient as stated by Dr Rifai.

I never ignored the help and advice of Dr Rifai as my acknowledgement indicates. It was of less interest to the reader to know these details about the case. The aim was to present to the reader this new technique in order to help patients and save them major surgery.

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Saudi Medical Journal 1993; 14(1): 84

[This correspondence is now closed. Editor]

Prevalence of Psychiatric Disorder in an Academic Primary Care Department in Riyadh

Sir

The article by Al-Fares *et al.* reported the prevalence of psychiatric disorders in an academic primary care centre. The prevalence of psychiatric disorders was calculated using two methods. In the first method, the GP’s assessment was compared with that of the psychiatrist while in the second, comparison was conducted between GHQ and psychiatrist. The authors found a close estimate of psychiatric disorders and concluded that the repeatability of the results of both methods was reassuring and may indicate their reliability.

One important issue that was not addressed in the article was the statistical significance of the reliability either between psychiatrist and GP or between psychiatrist and GHQ. The authors reported only percentage of agreement and failed to report the level of significance corresponding to such percentage of agreement.

Kappa statistic is a measure of reproducibility that tests whether the observed concordance rates is only due to chance. It can be estimated using the following formula

\[
x = \frac{P_e - P_s}{1 - P_s}
\]

where \(P_e\) and \(P_s\) are the observed and expected probability of concordance between the two assessment methods. Landis & Koch provided the following guidelines for the evaluation of kappa:

- \(x > 0.75\) denotes excellent reproducibility.
- \(0.4 \leq x \leq 0.75\) denotes good reproducibility.
- \(0 \leq x < 0.4\) denotes marginal reproducibility.

Data in Tables 2 and 3 in Al-Fares *et al.* can be used to estimate whether reproducibility is not due to chance. The kappa statistic for agreement between assessment of primary care physician and psychiatrist is 0.29 \(\left( P_e = 0.6579 \text{ and } P_s = 0.5166 \right)\) and is 0.26 \(\left( P_e = 0.6316 \text{ and } P_s = 0.5014 \right)\) for agreement between CHO-28 score and psychiatrist, which indicates that the reproducibility, even with similar estimates of psychiatric difficulties.