

## Comments on Three Articles Addressing the Pathological Effect of Glyphosate-Based Commercial Herbicide, Alcoholic Hepatitis in Turkish Patients and a Rare Anomaly Intrahepatic Gallbladder

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### Editorial note

The human gastrointestinal tract includes all structures between mouth and anus, and this includes the main organs of digestive system. This tract is divided into foregut, midgut and hindgut. The whole human GI tract is about nine meters long. The Journal of Gastrointestinal and Digestive System is a peer reviewed medical journal and it includes a wide range of research on gastrointestinal diseases, its associated disorders and their treatment with advanced techniques. The authors in the present issue, Volume 6, Issue 6 provided the information about commercial herbicide, alcoholic hepatitis, and diagnosis of a rare anomaly intrahepatic gallbladder.

Samanta et al. provided significant information about the pathological effect of glyphosate-based commercial herbicide, Excel Mera 71, in stomach and intestine of *Heteropneustes fossilis* [1]. This experiment was carried out both in rice fields and laboratory. Light microscopic observations showed distortion in columnar epithelial cells, gastric glands and lamina propria. The Scanning Electron Microscopic (SEM) observations demonstrated excessive mucus secretions and severe fragmentation of both mucosal folds and epithelial cells. Transmission electron microscopic (TEM) observations revealed the deformation in endoplasmic reticulum, mitochondria and cytoplasmic vacuolation. All above findings appeared to be severe at laboratory, when compared to the field. Light field microscope observations reported damage only at the tip of the mucosal villi and columnar epithelial cells (CEC) in the field study, whereas intestine showed distortion and fatty deposition in lamina propria, lifting of CEC and loss of brush border structures in the laboratory study. This study stated that long-term exposure of glyphosate-based commercial herbicide caused stronger pathological alterations under laboratory condition, when compared to the field study.

Excessive consumption of alcohol results in a condition known as alcoholic hepatitis (AH), in which fat deposition and inflammation occurs in the liver. The processing of alcohol in liver produces highly toxic chemicals that cause injury to the liver. However, some controversies exist about how to assess the mortality risk and when to

use corticosteroid and/or pentoxifylline treatment. Tekin et al. tried to compare the predictive ability of Maddrey's discriminant function (DF) score, Model for End-Stage Liver Disease (MELD) score, Glasgow AH (GAHS) score and age, bilirubin, International Normalized Ratio (INR), and creatinine (ABIC) score on in-hospital mortality in Turkish AH patients [2]. The results of this study reported that the DF score method is easier and more practical and can be used in clinical practice to predict hospital mortality. They also found that patients with a DF score  $\geq 32$  had a poor response to corticosteroid and/or pentoxifylline treatment in Turkish AH patients. Thus, further study may be needed to explore new therapeutic options for these patients with poor response.

Intrahepatic gallbladder is one of the ectopic locations of the gallbladder. It is an uncommonly encountered condition in clinical practice. The diagnosis and management, of cholecystitis and carcinoma including cholecystectomy in intrahepatic gallbladder is very difficult. Rastogi et al. reported a case of intrahepatic gallbladder and discussed the imaging diagnosis and the clinical difficulties in these patients [3]. They reported that all imaging including Ultrasound Sonography (USG) is helpful for easy identification of this condition. The Magnetic resonance cholangiopancreatography (MRCP) is considered as a gold standard tool to detect all biliary tract anomalies. Partial Intrahepatic Gall Bladder (IHGB) is capable to identify during surgical procedure, but complete IHGB raises a surgical challenge.

### References

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