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Reply to "Assessing effectiveness of whole bowel irrigation in poisoning: A laudable effort but still insufficient evidence"

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Dear Editor,

We would like to thank Dominique Vodovar et al. for their relevant comments regarding our article "Whole-bowel irrigation in cases of poisoning: A retrospective multicentre study of feasibility, tolerability, and effectiveness".¹

We need to emphasise that our study was to investigate the effect of whole-bowel irrigation (WBI) on the clinical evolution of patients in real life. We aimed to describe use of WBI on a large number of patients with multiple of drugs, different supposed dose, and multiple treatments. For the same reason, in real life, the decision to treat a patient by WBI does not always follow the guidelines perfectly. The design of our study and the size of our sample did not allow us to study this effect on cases of monointoxication, with perfectly known ingested doses, and without other specific treatment. We have clearly indicated in the limitation section that "our study did not allow the effectiveness of WBI". We have concluded that "WBI appeared to provide clinical benefits in patients treated in comparison of an untreated group and is associated with an acceptably low risk of direct complications".

As regards the 11 cases of body packers, we chose to include them in order to describe the safety data (no adverse effects of WBI were described in this series). Univariate and multivariate analyses showed that this variable (drug pellet ingestion) had no impact on our outcome (clinical worsening). WBI in body packers is finally recommended by the guidelines despite the risk of rupture that you mention but which is only described exceptionally.²

In conclusion, we agree WBI effectiveness and recommendation should be only achieved after clinical trials as we mentioned in the last sentence of the conclusion. Vodovar et al. should also mention that prospective large-cohort studies mostly have an intervention design (with a control

group) or equivalent, such as pragmatic trials as mentioned in our conclusion, to be effective appeared to provide clinical benefits in patients treated in comparison of an untreated group.
Conflict of interest

The authors have no conflicts of interest relevant to this article to disclose.

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