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Firstborn right

OR

A son with more than one father?

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Sir: With reference to two recently published letters to the editor in *Transplant International* by Sir Roy Calne [2] and Elio Jovine [5], as well as to an overview article by our own group [1], I would like to take the opportunity to briefly discuss their arguments and to comment on the principal issue of citation in medical literature.

In 1968, Calne and Williams described for the first time an operative technique of liver transplantation involving preservation of the inferior vena cava during recipient hepatectomy that was meant to facilitate subsequent implantation of a small donor liver into a large recipient [3]. This important modification of the standard procedure provided the foundation upon which our own technique of hepatic venous reconstruction in partial liver transplantation using segments II and III, originally published in the very first volume of *Transplant International* in 1988 [8] was built. The concept of total hepatectomy and of temporary portocaval shunt as a bridging procedure in patients with acute hepatic failure or severe liver trauma, presented by our group for the first time at the International Organ Transplant Forum held in Pittsburgh in 1987 [9], also grew out of the technique described by Calne and Williams.

In the meantime, this important surgical step – preservation of the recipient inferior vena cava – was being developed further. It soon became an absolute prerequisite for

other technical innovations such as split liver grafting and liver transplantation from living donors, now in widespread use in clinical liver transplantation in several centers throughout the world [6, 7]. Moreover, since the term “piggyback” was introduced and a detailed and formal description of the operation was published by Tzakis et al. in 1989, this variant technique has become a very popular alternative to standard liver transplantation [12].

These are the facts and the historical background to the dispute between Calne and Jovine, which does not merely reflect literary talent or an interest in journalism. Much more than that, it discloses the general problem of how carefully (or not) the already existing literature is reviewed before an original scientific article is written and published in a biomedical journal. In my opinion, the statement that “the normal research system (Medline) or databanks and computers” did not include the term “piggyback” is no excuse at all for not mentioning the first paper describing this technique. Given the immense proliferation of publications in the medical literature, one can expect every author to scan all previous bibliographies as closely as possible in order to avoid redundant or duplicate publications. Even more important, readers of primary source periodicals deserve to be assured that what they are reading is original [4]. This dispute also emphasizes the importance of the function of external peer reviewers, who are usually experts in that particular field.

A careful review of the literature is not only a sign of honest and precise scientific work, but also an acknowledgment and sign of respect for previous researchers. Of course, it is possible to overlook a detail already published. However, once such an error is brought to someone's attention, immediate publication of a correction or erratum is required.

In this respect, we have to admit that in our own recent update of current immunosuppressive drugs used in clinical organ transplantation [1], we made a mistake that we do not want to debate but to correct. With our statement “the combination of steroids and azathioprine became the first immunosuppressive regimen”, we failed to include the appropriate reference. There is no doubt at all that it was Thomas E. Starzl who first used and wrote about this combination of drugs in renal transplantation. He clearly showed the synergistic action of these agents, which were individually ineffective in reversing acute rejection [11]. In fact, the clinical observation of a state of relative immunological nonreactivity in renal transplant recipients set the stage for the subsequent development of clinical organ transplantation. Indeed, the work of Starzl and colleagues paved the way to both the introduction of new immunosuppressive drugs and to our better understanding the basic mechanisms underlying graft acceptance and tolerance [10].

What can be learned from this critical reflection? Of course, there is a firstborn right at least in scientific publications, and as we know from basic biology, a son usually has only one father. At least as important, however, is the advice – in medicine as in life – that the sons should never forget the achievements made by the fathers!

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