

Indian Journal of Plastic Surgery

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Letters to the Editor and Brief Communication

History of the Indian Journal of Plastic Surgery

Sir,

First issue of Indian Journal of Plastic Surgery was published in 1968 from Patiala by the efforts of the under signed and Dr RD Manchanda (Professor of Surgery). Professor RN Sinha was appointed as the first editor. Its publication continued from Patiala till 1978. Thereafter the publishing office shifted along with the subsequent editors.

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History of the Indian Journal of Plastic Surgery

Sir,

Dr Rajan Bhivapurkar who took over (the editorship) from Prof Ramesh Chandra produced six issues simultaneously. When I took over from Dr Bhivapurkar, I had the responsibility of reorganizing it and getting into the regular system.

During my tenure, (besides face lift of the journal) new features like international abstracts, invited articles, news and notices, classical reprints were all introduced. The articles printed were also peer-reviewed by at least one person in our own country and sending it back to authors incorporated suggestions. Each issue produced

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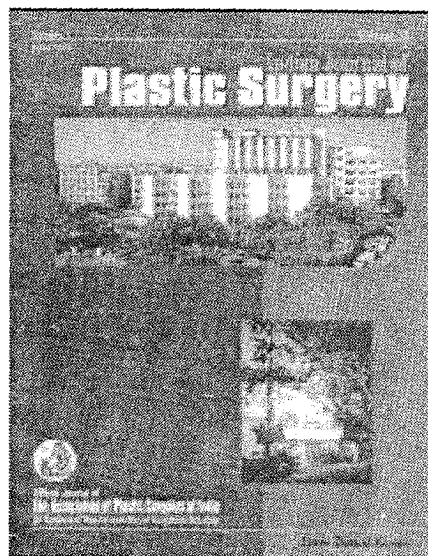
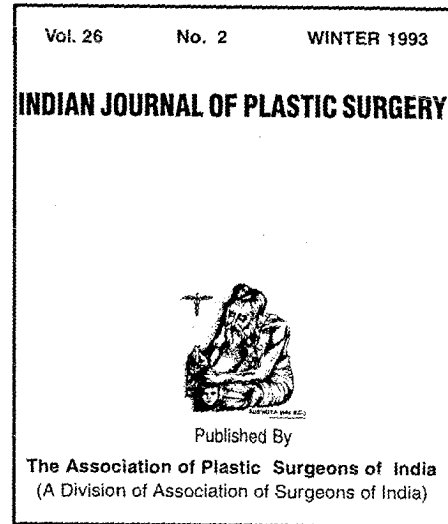
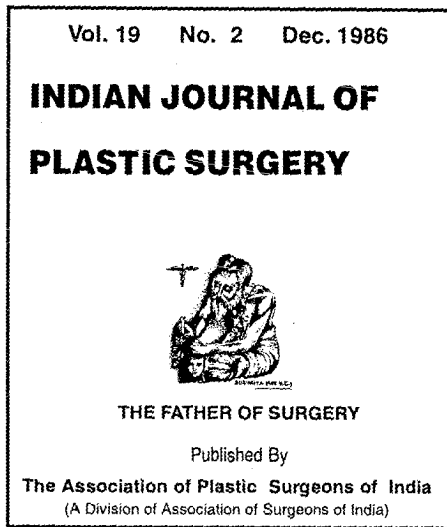
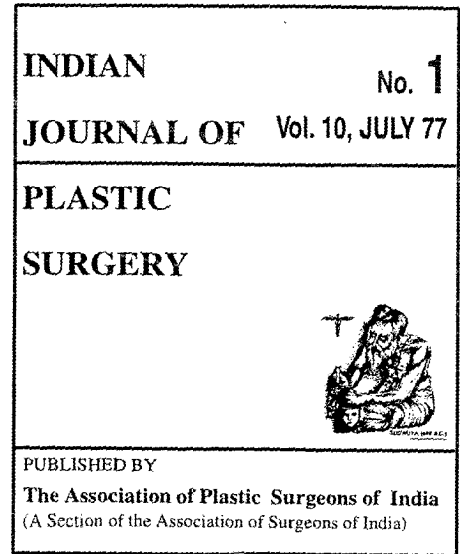
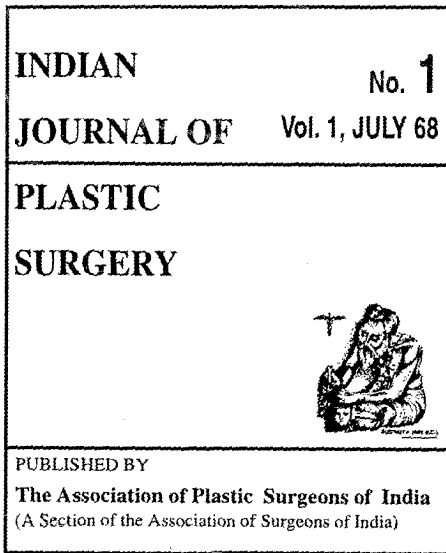
Tabular presentation of changes in IJPS from its beginning in 1968 (compiled by the Editor)

Sl. No.	Editors	Period	Place of Publication	Dimentions (cm)		No. of pages*		Colour of cover page
				Length	Width	Max	Min	
1	R N Sinha	1968-73	Patiala	25	19	110	32	Ivory White
2	Suresh Gupta	1974-75	Patiala	25	19	105	31	Ivory White
3	R S Thind	1976-78	Patiala	25	19	100	43	Ivory White
4	N N Khanna	1979-84	Varanasi	25	19	70	40	Red Glazed
5	R Chandra	1985-90	Lucknow	25	19	79	34	Blue Glazed
6	R Bhiwapurkar	1991-93	Nagpur	27.5	21.5	43	30	Ivory White
7	R Sabhapathy	1994-99	Coimbatore	28.0	21.3	59	49	White glazed background

*Number of pages in one issue

abstract first appeared as the content of the journal in Dec 1968, book review in July 1970, colour photographs Δ in July 1987, obituary in December 1994 and letters to the editor in December 1996.

Acknowledgement: The editor expresses his sincere thanks to Dr Rs Thind, Dr Suresh Gupta, Dr Raja Sabhapathy and Dr Rajeev Agrawala for their help in collecting the data related to the history of Indian Journal of Plastic Surgery



(contd. from page 101)

was of satisfactory quality, but the issue got delayed. The delayed publication of the journal was the most significant draw back during my term. To get into the continuity to the new term we skipped volumes 30 & 31 and combined the issues of volume 32 (1999).

If only you could maintain the timely publication, there will not be any hitch in our journal getting indexed.

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Tongue cleft with other associated unusual congenital malformations in two successive generations

Sir,

Tessier¹ described the caudal extension of the 0 cleft as the 30 cleft. Facial cleft no. 30 is a midline anomaly that can be found anywhere from the lower lip to the manubrium sterni. There will be wide range of variations from a very minor defect like a minimal lower lip depression to a major one involving whole neck and sternum with loss of supporting tissues. The most common anomaly is complete cleft of the lower lip in the midline. The other frequent components are tongue cleft, mandibular cleft and ankyloglossia.

In a study on 54 rare cranio-facial clefts, over a period of four years (1997-2000), we came across 2 cases (3.7%) of Tessier 30 cleft involving only anterior tongue with other associated multiple

congenital anomalies. The aim of this letter is to record this rare cleft with unusual interesting congenital anomalies in a female child and her mother.

Case 1 : An eight-months old female child, a product of full term normal delivery, presented with cleft of anterior portion of the tongue with tongue tie, cleft of the soft palate and notching in the upper lip vermilion on the left side. She also had ectrodermal dysplasia on the face (Fig 1).

Case 2: A twenty-years old female (mother of case 1) presented with cleft of anterior portion of the tongue, tongue tie, elevated linear band in the mid line of the palate and hyper pigmented patch over dorsum of the tongue posterior to the cleft (Fig 2).

There was a positive history of consanguineous marriage. No other family member was having similar congenital anomaly. There was history of intake of hematinics during first trimester of pregnancy.

Reference

1. Tessier P. Anatomical classification of facial, craniofacial and laterofacial clefts. *J Maxillofac Surg* 1976;4:69-92.

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Fig 1. Photograph of Case 1 (See text for details)



Fig 2. Photograph of case 2 (mother of Case 1)

(See text for details)