



Fig. 1. Axial and coronal computed tomography revealing splenic rupture (arrow) and evidence of intra-abdominal bleeding.

history of allergies, hypertension, nephrotoxic drug intake, trauma or other precipitating factors of splenic ruptures. An abdominal ultrasound examination on admission was normal.

He was given urgent hemoperfusion, continuous renal replacement therapy, hydrocortisone and fresh frozen plasma transfusion. On the 14th day of admission, the patient developed sudden onset of severe colicky abdominal pain and abdominal distension. His heart rate was elevated at 110 beats/min, the blood pressure dropped to 90/60 mmHg and the haemoglobin dropped to 60 g/L. An abdominal computed tomography scan confirmed a large amount of hydroperitoneum and a disruption of the splenic parenchyma (Fig. 1). An emergency exploratory laparotomy confirmed massive hemoperitoneum, enlarged friable spleen, rupture of the splenic capsule and active bleeding. The histopathologic evaluation showed intrasplenic haematoma, but without tumours or other pathologies. After splenectomy, he received intermittent haemodialysis and supportive treatment. The patient recovered completely 90 days after the wasp stings.

Wasp stings are common. The toxicity of wasp venom is attributed to hemolytic, neurotoxic, vasodilatory, nephrotoxic and hepatotoxic enzymes.¹ Most victims present mild local manifestations. Rarely, rhabdomyolysis, acute renal failure, MODS or even death may develop following multiple wasp stings.^{2,3} Atraumatic spontaneous splenic rupture is a rare but life-threatening complication after massive wasp stings. We postulate that spontaneous splenic rupture is a toxic reaction in response to the venom of wasp, which can also be found in snake envenomation.⁴

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Dear Editor,

Re: Trends in publication of general surgical research in New Zealand, 1996–2015

I read with great interest the paper by Wells *et al.*¹ The authors conducted a bibliometric analysis of general surgical articles by New Zealand researchers published in journals indexed in MEDLINE, the largest and most widely used biomedical database worldwide. It is heartening to see such encouraging trends of increasing quality and quantity in New Zealand surgical research and knowledge production. Similar trends in other surgical and non-surgical fields have been observed and reported recently.^{1–3}

One trend merits further discussion. Parallel to the upward trend in the number of biomedical publications,² the quantity of general surgical research has increased over the past few decades.^{1,3} Accompanying this trend, a gradual rise in the number of authors per publication has been observed in many biomedical

disciplines.^{3,4} Echoing international research,⁴ data from this study¹ showed that the median number of authors per publication has significantly increased over the past two decades.

As Wells *et al.* have alluded to in the article, the observed pattern in the number of authors per publication could reflect 'an international trend towards increasingly collaborative surgical research'.¹ However, increasing research complexity as well as collaborative and multicentre studies are likely to be inadequate explanations for authorship growth.⁴ Worryingly, this authorship pattern could be attributed to the prevalent ethical misconduct of honorary authorship (naming a person as an author without meeting authorship criteria; e.g. including senior authors to facilitate publication, institutional promotion or funding for research).^{2,4}

These concerns warrant further explorative research. It would be interesting to reanalyse this study's data to address the above-raised questions. This could be done, for example, by studying trends in local and international collaboration and examining the ratio of trainee/student authors to total authors per publication over time.

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Dear Editor,

Response to Re: Trends in publication of general surgical research in New Zealand, 1996-2015

We thank Dr Al-Busaidi for his insightful comments on our recent article.^{1,2} We aimed to analyse trends in the publication of general surgical research in New Zealand from 1996 to 2015, and reported a substantial increase in the quantity and quality of research, in conjunction with an increase in the median number of authors per publication.


Dr Al-Busaidi raises concerns that the upward trend in authors per publication may represent the ethical misconduct of honorary authorship, rather than increasing collaboration within and between teams in established research centres.¹ We agree that inappropriate authorship is an important issue in the surgical and non-surgical literature, which journals have made considerable efforts to address through the International Committee of Medical Journal Editors (ICMJE) requirements for authorship.³

Interestingly, a recent cross-sectional survey of authors in leading biomedical journals showed that rates of honorary authorship (named authors who do not meet authorship criteria) did not significantly change from 1996 to 2008, while rates of ghost authorship ('individuals who have made substantial contributions to the work reported in an article but who are not named as authors') had declined.⁴

Identifying specific factors underlying the upward trend in the number of authors per publication was beyond the scope of our prior study.² However, few publications have specifically investigated inappropriate authorship in surgical research. We suggest that further investigation, ideally using methods similar to those of Wislar *et al.*,⁴ is needed to accurately delineate the scope of this issue within the Australasian surgical community.

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