

The Wiwanitkit Affair

La Aventura de Wiwanitkit

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Dear Editor – I would like to call to your attention and that of the editors of other medical journals to an uncommon situation that may represent a case of scientific misconduct. During the past years, I have received several “letters to the editor” written by Dr. Viroj Wiwanitkit (Bangkok, Thailand), commenting on my publications on neurocysticercosis. While those letters were not hostile, they included useless comments and were clearly written by a person that is not familiar with this disease. Intrigued for this attitude, I performed a PubMed search up to October 27, 2019 (<https://www.ncbi.nlm.nih.gov/pubmed/?term=wiwanitkit+v>) on the scientific production of this physician and could find that he has written 2,331 papers during the past 20 years (with a mean of more than 116 papers per year), the vast majority of which were letters to the editor. The problem that I see is that the letters were related to such different topics of medicine that it is hard to believe that they have been written by the same person. Indeed, topics ranged from infectious diseases to nephrology, cancer, hematology, trace elements, pediatrics, surgery, and so on. In other words, virtually all topics and specialties of medical sciences (from basic to clinical and surgical) have been covered in such letters. Such a number of papers surpass the scientific production of almost all medical scientists, even that of some Nobel laureates such as D. Carleton Gajdusek and Stanley B. Prusiner (568 and 508 papers in MEDLINE, respectively).

Besides his multifaceted knowledge, Wiwanitkit seems to be simultaneously affiliated (in the past two years) to at least four institutions located in four different countries, including the Department of Biological Science, Joseph Ayobabalola University, Ikeji-Ara-

keji, Nigeria; The Dr. DY Patil University, Pune, India; The Hainan Medical College, Haikou, China; and The Surindra Rajabhat University, Surin, Thailand. This talks about the “versatility” of this young investigator.

In what I believe is a paradox, Wiwanitkit has even written a letter about “ghostwriting” and realized that this is a problem in Asia, where honoraria given to seniors investigators for the production of medical students is a common practice [Wiwanitkit V. Ghostwriting: an existing problem. *Am J Med* 2012;125(10):e17]. In my opinion, the “highly prolific” medical production of Wiwanitkit must be monitored to reduce the probable increasing prevalence of “ghostwriting” or, even worst, of “waste-writing” as seems to be this particular case. As a final comment, those 2,331 papers have been published in at least a similar number of pages of medical journals (in print or online), a space that could have been better used for publication of some real and interesting medical work that has not been accepted just because “lack of space” (a common excuse given by medical editors rejecting a paper without review). It is time for medical journals to pay more attention to the seriousness of their contributors and stop including in their issues what could be called “rubbish writing.”

Keywords: *Medical misconduct, Ghost writing, Wiwanitkit.*

Palabras claves: *Mala conducta médica, escritores fantasmas, Wiwanitkit.*

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