Selected Abstracts

Gastointestinal Tract Tuberculosis, a Study of 102 Cases Including 55 Hemicolectomies. M. G. Vaidya and J S. Sodhi. Clin. Radiol., 1978, 29:189.

PROXIMAL GASTRIC vagotomy without drainage for patients with duodenal ulcers was demonstrated to be a safe and effective operation in the treatment of 316 men with duodenal ulcer disease. There were no operative deaths. Symptoms suggestive of recurrent peptic ulceration developed in 12 to 15 per cent of the patients but were proved in only 4 per cent. Results of a five to eight year follow-up-study revealed virtually no dumping. Diarrhea was significantly less than after truncal vagotomy with drainage or antrectomy. Visick grading at five to eight years rated the result as excellent or very good in 75 per cent, fair in 13 per cent and as a failure in 12 per cent. The advantages and disadvantages of proximal gastric vagotomy without drainage relative to those of truncal vagotomy without drainage relative to tsose of truncal vagotomy with drainage or antrectomy were discussed.
Michael S.MC Arthur

ONE HUNDRED and two patients with tuberculosis of the gastrointestinal tract and presented in this report from India, where tuberculosis continues to be a major health problem. Eighty per cent of the patients presented with obstructive symptoms and nearly one-half had a palpable mass in the abdomen, most commonly in the right iliac fossa. In one-fourth of the patients, roentgenograms of the chest revealed associated pulmonary tuberculosis. The most frequent sites of intestinal involvement were the ileum, cecal region and the ascending colon. Eighty-seven instances were of the hypertrophic type while 15 were of the combined ulcerohypertrophic type.
Tuberculosis may involve any portion of the gastrointestinal tract as well as the peritoneum, gallbladder, liver and pancreas. It is generally believed to infect the intestinal tract from the lung but examination will often not reveal pulmonary involvement. Extension from pelvic disease or lymphatic or hemato-geneous spread from other organs may be the pathway of involvement of the intestines. Tuberculosis of the gastrointestinal tract must be differentiated from Crohn's disease and malignant tumors. Uncomplicated tuberculous enteritis may be successfully treated with drugs, but complications of stricture with obstruction, perforation and hemorrhage demand surgical intervention. Because of the difficulty in differentiating tuberculosis from Crohn's disease, final proof must reside in the demonstration of acidfast organisms in the tissues.
Robert W. Painter

Colorectal Carcinoma in Patients Less Than 40 Years Old. N.L. Simstein, Paul. J. Kovalcik and Cre-gory H. Cross. Dis. Colon Rectum, 1978, 21: 169.

FORTY-ONE patients less than 40 years of age were treated for adenocarcinomas of the colon and rectum in the 15 year period from 1960 to 1975. In two-thirds of the patients, symptoms were present less than 90 days before diagno-sia. Sixty per cent of the patients had either poorly differentiated or mucinous adenocarcinomas. Dukes' C and D lesions accounted for 78 per cent of the instances reported.
Lawrence M. Freeman

Systemic Prophylaxis with Doxycycline in Surgery of the Colon and Rectum. H. Hojer and J. Wetterfors. Ann. Surg., 1978, 187:362.

A Randomized, double blind study was performed between January 1975 and April 1976 to assess the efficiency of doxycycline, Vibramycin, versus a placebo in preventing infectious complications in 118

patients who underwent resection of the colon, abdominoperineal resection, panproctocolectomy or colotomy. The procedures were performed for a variety of pathologic conditions, including malignant diseases of the colon or rectum, inflammatory bowel disease and colonic polyps.
Fifty-eight patients received 200 mgm. of doxycycline orally 4 to 6 hours before operation and 100 mgm. orally each day day postoperatively for five days. The placebos were given in a similar manner. All patients received a three day preparation of the intestines consisting of bis-acodyl administered orally and by enema. No other antibiotics were used Cultures were taken at time of operation from the site of anastomosis and the subcutaneous tissue. Routine testing for not specifically tested for. Septic complications were graded 1 to 4, with grade 1 being discharge of pus from the wound and 4 being a septic process in combination with total wound rupture or repeat laparotomy, or both.
Results revealed a significant reduction in septic and wound complications in the group of patients who received doxycycline as compared with those who had placebo, 12.1 per cent versus 45 per cent. Infections in the perineal wounds were more frequent in the group who received placebo, eight of .17, as compared with those treated with doxycycline, three of 15. This may be partially caused by the greater number of patients with inflammatory bowel diseases in the group who received placebo.
While the study is well canceived and executed, and does demonstrate a significant decrease in septic complications in the group treated with antibiotic regimen is best rather than a placebo.
Michael A. Weinstein

Stigmata of Recent Haemorrhage in Diagnosis and Prognosis of Upper Gastrointestinal Bleeding. D. N. Foster, K. J. A. Miloszewski and M. S. Losowsky. Br. Med. J., 1978, 1:1173.
In 277 Consecutive episodes of suspected bleeding of the upper gastrointestinal tract, lesions bearing signs of recent hemorrhage were found by endoscopy in 110 of 233 patients who were judged to have bled, 47 per cent. Seventy-eight, 33 per cent., had lesions without signs, and in 45, 19 per cent no lesion was seen. Results in 176 entirely un-selected patients admitted for bleeding of the upper gastrointestinal tract were similar.
Forty-eight chronic duodenal ulcers and 41 chronic gastric ulcers were identified by endoscopy. Signs were found in 27, 56 per cent., and 33, 80 per cent., of these patients, respectively. Sixteen patients had multiple lesions, and in 12, 75 per cent., the presence of stigmata permitted diagnosis of the source of the hemorrhage. Stigmata were more likely to be seen in patients with duodenal ulcers, Mallory-Weiss syndrome and eso-psageal varices when endoscopy was performed within 12 hours of bleedings, but were as common in patients with gastric ulcer after longer intervals.
In the absence of stigma, one of 21 patients with duodenal ulcer had further hemorrhage or needed an emergency operation. In contrast, when stigmata were present, 15 of 27 patients with duodenal ulcer, 56 per cent., had further hemorrhage and 17, 63 per cent., had further intervention. Of the 33 patients with gastric ulcer, ten, 30 per cent., had further hemorrhage and 15, 45 per cent, required emergency treatment. Superficial lesions of the mocosa may have been the source of hemorrhage when lesions unmarked by stigmata were seen at the time of endoscopy. Stigmata were superior to any other single factor or combination of factors in predicting rebleeding and the need for emergency surgical treatment.
E. Theodore Palm

The Clinical Significance of Gallstones and Their Radiological Investigation R.J. Earlam and M. Thomas Br. J. Surg., 1978. 65:164.
A Retrospective study was made to correlate the symptoms of 122 patients with gallstones with the Roentgenogra-phic findings. There were 98 females and only 24 male patients, with a mean age of 48.3 years. After the clinical analysis was completed, an orally administered cholecystogram was made and the results correlated with the symptoms. No specific indigestion was present which could be termed flatulent dyspepsia. The mean number of years of biliary tract colic before admission to hospital for cholecystectomy was 3.4 years. The majority of patients had colic lasting for less than 12 hours.

Sensitivity to fatty foods occurred in 69 per cent., heartburn in 42 per cent., regurgitation of acid testing in 31 per cen. and increased passage of flatus from the stomach upwards in 38 per cent. Multiple stones were found on the cho-lecystograms in 60 of 111 patients, and single stones in 36. It was concluded that, since surgeons rarely perform a cholecystectomy for flatulent dyspepsia alone, knowledge of function of the gallbladder may be unnecessary.
Elmer R. Cane

Side-to-Side Choledochoduodeno stomy in the Management of Choledocholithiasis. A. Engin. M Haberal and Y. Sanac. Br. J Surg., I97S. 65: 99.
Sixty patients with stones of the common bile duct were treated by lateral choledochduodenostomy. In 63 per cent, of the patients, Cholecystectomy on exploration of the common bile duct. In one-half of the patients, the diameter of the common duct was less than 2.0 cm. The-complication rate was 13 per cent; seven patients had wound infections and one patient developed cholangitis. There were three deaths in the immediately postoperative period. Two patients died from cardiac-failure and one patient died from dehiscence of the anastomosis.
Forty-seven of the 60 patients were observed from one to seven years. With 80 per cent. observed for over three years. Because the inccidence of retained stones after exploration of the common bile duct is about 10 per cent, and because of the possibility that stones may reform in the common bile duct, it is believed that the best prophylactic procedure is lateral choledochoduodenostomy. In the follow-up period, one patient had cholangitis develop and the other patients were asymptomatic. It is believed that, in addition to exploration of the common bile duct and removal of stones, lateral choledochoduodenostomy should be utilized for prevention and treatment of stones in the biliary ductal system.
Robert W. Painter