ISDE NEWS

The International Society for Diseases of the Esophagus No. 6, July. 1st, 1989

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjuku-ku Tokyo 162, Japan Tokyo 03(353)8111

Meet with you in Chicago

I.S.D.E. TRIENNUAL CONGRESS SEPTEMBER 6-8, 1989

4th Congress Chairman
Prof. David B. Skinner

Congress site THE FAIRMONT HOTEL ■ Chicago

Chicago (1)

Michigan Avenue (2)

(1) Chicago is noted for its abundance of architectural styles, each adding to the magnificent skyline. Anchored by the John Hancock Center built in 1969, the Michigan Avenue area boasts a variety of landmark buildings as well as a world-class shopping district.

(2) Michigan Avenue. Dubbed the "Magnificent Mile," Michigan Avenue is home to one of the most exciting shopping districts in the world. This mile-long boulevard between Wacker Drive and Oak Street is lined with shops, restaurants, art galleries, and hotels. Shown here is the Water Tower Pumping Station, which was built in 1869. It was the only structure in the city to survive the Great Chicago Fire in 1871. Today, it stands in marked contrast to the beautiful modern architecture of the surrounding buildings.

Art Institute of Chicago Front Entrance (3)

State of Illinois Center (4)

(3) Art Institute of Chicago Front Entrance. A pair of huge bronze lions have guarded the Art Institute since 1983. The lions, ten feet from nose to tail, were wrought by Edward Kemeys and donated to the museum by Mrs. Henry Field.
The Art Institute houses one of the finest collections of French Impressionist and Post Impressionist paintings, as well as works spanning 40 centuries of great art, including sculpture, prints and drawings, photographs, Oriental art, and textiles.

(4) State of Illinois Center. New to the Chicago skyline in 1980, this "Building for the Year 2000" was designed by architect Helmut Jahn to house some 50 state agencies. Pictured here on the center's plaza is "Monument with Standing Beast" by sculptor Jean DuBuffet.

N.Y. Program Committee March 4, 1989

Submitted Applications

525	Abstracts
71	Films

Japan	110	Brazil	8	Hungary	3	Rumania	1
U.S.A.	82	Ireland	6	Switzer	5	Argenti	1
Italy	57	Netherl	8	India	3	Iraq	1
Germany	55	Hong Kon	6	Taiwan	3	Thailan	1
U.K.	40	Chile	5	Iran	3	N-Zeala	1
France	24	S-Africa	5	Sweden	11	Mexico	1
Canada	16	Australi	7	Poland	1	Czechos	1
Belgium	14	Portugal	5	Egypt	1	Finland	1
Spain	13	Yugoslav	4	Denmark	1		
P.R.C.	8	Austria	3	Greece	1	?	$+\alpha$

Malignant	242		
Diagnosis	11	Multimodality Therapy	36
Staging	19	Reconstruction	30
Biology	26	Other	46
Palliation	19	Surgery	55
GERD			
—Diagnosis	14	—Medical Therapy	13
—Surgery	20	—Physiology & Others	37
Barrett's	17	Stricture	18
Anatomy	3	Operative Techniques	25
Physiology	12	Perforation	10
Achalasia	22	Motility Other	40
Varices	8	Congenital	11

Accepted for the Congress

84	Oral Papers
120	Discussion Posters
90	Free Posters
42	Films

Saddenning News

Saddenning News

We have to announce the most grievous news that Prof. Guido Castrini (Rome) passed away suddenly on June 2nd, 1989 due to heart disease.
Cruelly, the ISDE has lost one of its finest and most generous members.
The late Prof. Castrini presided over the 2nd International (World) congress of the ISDE with great success in 1983. Due to his persistent efforts he and his colleagues succeeded in establishing the Official Journal of ISDE "Diseases of the Esophagus".
His efforts for the development and stability of the ISDE were truly outstanding.
Respectfully we pray for the repose of the late great Prof. Guido Castrini's soul.

Schedule of Scientific Program

OVERVIEW

Tuesday, September 5, 1989
4:00 p.m. - 8:00 p.m. Registration
Wednesday, September 6, 1989
7:00 a.m. - 5:00 p.m. Registration
All sessions will take place at the Fairmont Hotel.

Paper Session	Poster Symposium	Films and Videos	Poster Session (Exhibition)	
Imperial Ballroom	Gold Room	State Room	International Ballroom	Crystal Room
8:00 Opening Address				
8:30 Anatomy Physiology; Diagnosis of Reflux	9:00 Esophageal Cancer	8:30 Films and Videos	9:00 EXHIBITS	
10:00 Break/Exhibits	10:00 Break/View Exhibits			
10:15 Gastroesophageal Reflux: Physiology and Medical Therapy	10:30 Esophageal Cancer *Cont.* 12:00	10:30 Films and Videos		
12:30 View Exhibits			12:30 Esophageal Cancer III 2:00	12:30 Luncheon Panel G.E.E.M.O. 2:00
2:00 Esophageal Cancer: Biology Diagnosis Staging	2:30 Gastroesophageal Reflux	2:00 Films and Videos	EXHIBITS	
3:45 Break/Exhibits	3:30 Break/View Exhibits			
4:15 Esophageal Cancer: Surgical Therapy 5:30	4:00 Gastroesophageal Reflux *Cont.* 5:30	4:00 Films and Videos 5:30	4:30	

OVERVIEW

Thursday, September 7, 1989
7:00 a.m. - 5:00 p.m. Registration
All sessions will take place at the Fairmont Hotel.

Paper Session	Poster Symposium	Films and Videos	Poster Session (Exhibition)	
Imperial Ballroom	Gold Room	State Room	International Ballroom	Crystal Room
8:00 Resection and Reconstruction for Esophageal Cancer	9:00 Benign Esophageal Disease	8:00 Films and Videos	9:00 EXHIBITS	
10:00 Break/View Exhibits				
10:30 Multimodality and Palliative Therapy for Esophageal Cancer	10:30 Benign Esophageal Disease *Cont.* 12:00	10:30 Films and Videos		
12:30 View Exhibits			12:30 Benign Esophageal Disease 2:00	12:30 Luncheon Panel O.E.S.O. 2:00
2:00 Surgical Therapy of Gastroesophageal Reflux	2:30 Esophageal Cancer I	2:00 Films and Videos	EXHIBITS	
3:30 Break/Exhibits				
4:00 Achalasia; Operative Techniques 5:30	4:00 Esophageal Cancer I *Cont.* 5:30	4:00 Films and Videos 5:30	4:30	

OVERVIEW

Friday, September 8, 1989
7:00 a.m. - 2:00 p.m. Registration
All sessions will take place at the Fairmont Hotel.

Paper Session	Poster Symposium	Films and Videos	Poster Session (Exhibition)	
Imperial Ballroom	Gold Room	State Room	International Ballroom	Crystal Room
8:00 Barrett's Esophagus; Strictures	9:00 Esophageal Cancer II	8:00 Films and Videos	9:00 EXHIBITS	
10:00 Break/View Exhibits				
10:30 Motility Disorders; Perforations	10:30 Esophageal Cancer II *Cont.* 12:00	10:30 Films and Videos		
12:30 View Exhibits			12:30 Esophageal Cancer IV	
2:00 Congenital Problems; Varices; Carcinoma 4:00	2:00 Motility Disorders 4:30	2:00 Films and Videos 4:00	2:00 Exhibits 2:30	

Related Activities

Yugoslavia

ESOPHAGEAL SURGERY IN YUGOSLAVIA

The incidence of esophageal diseases in Yugoslavia is relatively small, only about 1.5% of all digestive diseases. The mortality rate for esophageal carcinoma is about 4-5:100,000 inhabitants. This small incidence hindered the development of esophageal surgery, since it was performed by many surgeons in a few centers throughout Yugoslavia, and large relevant series and experience was not possible. The routine procedure for carcinoma of the esophagus is transthoracic esophagectomy with radical lymphadenectomy and reconstruction with a gastric tube as a one stage procedure. If the procedure is carried out in two stages, the reconstruction is by retrosternal colon transplants. The overall mortality rate is 16% and the 5 year survival rate is 8.5%.

Postcorrosive stricture of the esophagus is the predominent benign lesion in Yugoslavia. More than 180 reconstructive procedures were done for postcorrosive strictures. The routine method is retrosternal by-pass coloplasty, with exclusion of the scarred esophagus. Esophagectomy was performed in only 10% of the patients. Postoperative mortality in this series, for the last 10 years, is only 2.3% and the long term functional results are excellent in more than 85% of the patients.

Special emphasis has been drawn to the management of gastroesophageal reflux and its consequences. The center is fully equipped for patient diagnosis and evaluation (24 hour pH and pressure monitoring etc.) and both conservative and operative management. More than 620 patients were treated with reflux disease, 73% were managed conservatively and 27% were operated upon. For patients with intractable reflux esophagitis the routine antireflux procedures are the Nissen and Belsey repair. Peptic strictures (88 pts.) were managed by dilatation (Eder-Puestow) and antireflux procedures. Patients with shortening of the esophagus, following successful dilatation, are managed by the Collis-Nissen procedure. Undilatable peptic strictures are managed by resection and reconstruction (Merendino) or esophagectomy and coloplasty.

Functional disorders of the esophagus (achalasia, diffuse spasms) are quite frequent. More than 275 pts. were operated for these diseases. The routine procedure for achalasia is transabdominal Heller myotomy combined with anterior partial fundoplication (Dorr) since 1970.

Pharyngoesophageal diverticula are managed by diverticulectomy and cricopharyngomyotomy. Epiphrenic diverticula are managed by diverticulectomy and esophagomyotomy (if cardiomyotomy performed-antireflux procedure is standard).

The most frequent cause of esophageal perforation was foreign body ingestion. In 61 pts. seen at the clinic, diagnosis was established during the first 12 hours in only 31%. Surgery was done in 91% (primary closure with pleural flap and drainage in 33% pts.). The postoperative mortality was 15%.

Bleeding esophageal varices remain a grave problem. The routine procedure at the Center is Blackmore-Sangstaken intubation as a temporary measure followed by careful assessment of the patient for further treatment. Endoscopic sclerotherapy was done in 112 pts., the rate of rebleeding was about 30%. Some patients (Child's A and B group) were selected for direct surgery-transection and devascularization (Sugiura). The last few years shunt surgery was infrequently done.

Zoran Gerzic, M.D.

Born: October 17, 1927, T. Uzice
1953 Graduated from the Sch. of Med. Belgrade University
1973 Professor of Surgery
1976 Degree of Doctor of Medical Science
1977 Member of Medical Academy SLD, Belgrade
1978 F.I.C.S.
1979 Member of ISDE from its foundation
1980 Head of the Surgical Chair, Medical faculty Belgrade
1985 Head of the Center for Esophageal Surgery
1987 National delegate in CICD
1988 Head of the Institute for Digestive Diseases University clinical center, Belgrade, Yugoslavia

In 1971, at the First Surgical Clinic of the Belgrade University, the first Department for esophageal surgery was formed, which expanded into the Clinic for Esophageal Surgery. The vast experience acquired by the entire staff and the good results, during the past 15 years, made it possible for the Clinic to be transformed into The Center for Esophageal Surgery, the only one of its kind in Yugoslavia, serving patients from all over Yugoslavia.

The University of Belgrade Center for Esophageal Surgery has many young talented surgeons, many of whom have been educated abroad as well. The Center is a nucleus for educating surgeons in esophageal surgery from all parts of Yugoslavia. It can be expected that other University Centers through Yugoslavia will be doing more quality esophageal surgery in the future.

The Section for Esophageal Surgery within the Yugoslav Surgeons' Association has not as yet been formed, although Yugoslav esophageal surgeons have been very active at meetings both abroad and in Yugoslavia. All official Yugoslav Surgeon's Association Meetings have had at least one major topic in Esophageal surgery.

The results achieved in esophageal surgery at The Belgrade Center have demonstrated that founding of a highly specialized center for esophageal surgery fulfilled all expectations and provided an impetus for the further development of esophageal surgery in Yugoslavia.

All types of esophageal surgery are performed at the Center nowadays. Most of the operative procedures at the Center are done for carcinoma of the esophagus. Unfortunately, of more than 1,000 patients seen at the Center, only about one third proved to be resectable. (Z. Gerzic)

Brasil 1

ESOPHAGEAL SURGERY IN BRAZIL

The Brazilian Section of the International Society for Diseases of the Esophagus, under the presidency of Prof. Henrique Walter Pinotti has been active in the last several years. It succeeded in assembling the various Departments of Clinics and Surgery of the Esophagus among several Brazilian Universities to contribute to the scientific development and progress in studies of esophageal diseases.

B. Zilberstein, M.D.

Presently the following University Departments take part of this work scheme:

— State University of Sao Paulo (UNESP), Campus of Botucatu (Prof. Maria Aparecida Arruda Henry)
— State University of Campinas (UNICAMP) (Prof. Nelson Brandalise)
— Federal University of Parana, Curitiba (Prof. Oswaldo Malafaia)
— Federal University of Sao Paulo, "Escola Paulista de Medicina" (Prof. Chibly M. Haddad)
— "Santa Casa de Sao Paulo" Medical School (Prof. Arildo Vianna)
— University of Sao Paulo Medical School (Prof. Henrique Walter Pinotti, Bruno Zilberstein and Ivan Cecconello)

Several post-graduate couses have been organized during this period and on July 6th, 1989, during the 1st Congress of the Brazilian College of Digestive Surgery, a special session of the Brazilian Section of the International Society for Diseases of the Esophagus will be held with the participation of Prof. E. Moreno-Gonzalez (Spain).

Among several studies carried out in the various University Departments, 2 prospective studies developed in the University of Sao Paulo were subjects of these to obtain the degree of Professor of Surgery. They are:

1. Transdiaphragmatic esophagectomy in esophageal cancer. Late follow-up.
   Author: Bruno Zilberstein
2. Pharyngocoloplasty in the treatment of caustic stenosis of the esophagus and pharynx.
   Author: Ivan Cecconello

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TRANSDIAPHRAGMATIC ESOPHAGECTOMY IN ESOPHAGEAL CANCER. LATE FOLLOW-UP

Many technical procedures for the surgical management of cancer of the esophagus are reported in the literature. This paper evaluates the results of cervico-abdominal esophagectomy without thoracotomy by a transdiaphragmatic approach for the radical treatment of this disease.

Fifty patients with squamous cell esophageal carcinoma were managed surgically by this procedure from 1977 to 1986. In order to assess the outcome and eventual cause of death, they were followed up for a minimum of one year and a maximum of 10 years or until they succumbed.

Staging the disease showed the following: 4 (80.0%) classified as stage I; 15 (30.0%) to stage IIa; 5 (10.0%) to stage IIb; 16 (32.0%) to stage III and 6 (12.0%) to stage IV.

No intraoperative deaths and only 2 serious complications, namely injury to the trachea and azygous vein were reported. However, neither was responsible for serious postoperative complications. Only one death due to hemorrhage of the transposed stomach in the cervical region occurred in the immediate postoperative period. Therefore, the mortality for this procedure is 2%. The most common complication was fistula of the esophagogastricanastomosis, recorded in 12 cases (24%).

Other complications occurring at a lower rate were: pleural effusion, bronchopneumonia, urinary infection, pneumothorax, evisceration, hemorrhage and dysphonia.

Forty five out the 50 patients underwent radiotherapy hence a long term follow-up was possible. Analysis of the progress of these patients showed an actuarial survival of 5 years in 27.0% and 9 years of 16%. The evaluation based on staging showed an actuarial 5-year survival rate of 100% for stages 0 and I, 55% for stages IIa and 52.0% for IIb.

The survival rate for stage III fell to 9.0% at 54 months, for stage IV it was 25.0% for 12 months and zero for 18 months.

In conclusion, with regard to the technique, we can state that it is possible to achieve our goal of providing a safe procedure for the surgical management of esophageal carcinoma because it is performed under direct vision and so offers a broad view of the operative field.

Survival depends fundamentally on the stage of the lesion, therefore, better results are obtained in the early stages of the disease. (B. Zilberstein)

Brasil 2

I. Cecconello, M.D.

PHARYNGOCOLOPLASTY IN THE TREATMENT OF CAUSTIC STENOSIS OF THE ESOPHAGUS AND PHARYNX

This is a report of 40 cases of caustic stenosis of the esophagus and pharynx managed by pharyngocoloplasty with posterior pharyngocolic anastomosis.

These cases were classified according to the severity of the lesions into three groups: A—stenosis of the entire esophagus without injury to the pharynx and larynx; B—involving the esophagus and hypopharynx; C—stenosis of the esophagus, hypo- and oropharynx with formation of a fibrotic supraglottic ring.

Postoperative morbidity, mortality and late (follow-up of 10 months to 12 years, mean 68 months) clinical, psychological, morphological and functional results were evaluated as follows.

— a systematic study of the quality of deglutition, the presence of respiratory-changes, regurgitation and weight gain. An evaluation scale was devised with numerical values assigned to each of these features; the overall clinical evaluation represents the sum of the scores of each, and the results are rated either as excellent, good, satisfactory or poor;

— a psychological evaluation by semidirected interviews and psychological projection (drawing of a human figure—Karen Machover);

— morphological and functional analysis by radiological, cine-radiographic and endoscopic studies of the pharynx, the interposed colonic segment and stomach.

Thirteen patients (32.5%), developed complications related to the pharyngocoloplasty during the immediate postoperative period. The most common were persistent dysphagia (20.0%) and fistulas of the pharyngocolic anastomosis (5.0%). There were no deaths from the surgery itself.

Significant correlation was found between the severity of the lesions (groups A, B and C) and the quality of deglutition, the finding of respiratory changes and weight gain. A clear relationship was also evident between quality of swallowing and respiratory changes and the patients' psychological condition.

The overall clinical assessment showed excellent to good results in 81.2% of patients, satisfactory in 13.5% and poor in 5.3%. A significant difference was observed in the results of Groups A, B and C. Results were better in those patients sustaining injuries to the pharynx and in better psychological condition.

With regard to the morphological and functional analysis, the following changes were noted: stenosis of the pharyngocolic junction in 30% of cases, aspiration during deglution in 56.5%, stasis in the cervical colon due to compression at the level of the sternum in 20.0%, redundancy of the interposed colic loop in 33.3% and loss of haustration in 63.3%.

A significant difference was present between the quality of deglutition and respiratory changes and the presence of stasis but not with relation to stasis in the cervical colon and redundancy of the interposed viscera. Nor was a correlation evident between aspiration and respiratory changes.

The clinical, morphological and functional results observed in such complex cases as these, the low rate of general complications with no mortality, recommend the use of with no mortality, recommend the use of pharyngocoloplasty with posterior pharyngocolic anastomosis for the management of caustic esophageal and pharngeal stenosis.

(I. Cecconello)

Japan

THE FIFTH CONGRESS OF THE JAPANESE SECTION OF THE ISDE

L to R Hölscher (Invited Lecturer), Inokuchi (President), Fujimaki (Congress P.), Kasai (Japan S'. President)

Closing Remarks at the Fifth Congress of The Japanese Section of the ISDE

The Fifth Congress of the Japanese Section of the ISDE was held with the attendance of about a hundred members in Toyama on May 19, 1989. The poster session, included 21 reports on the subject of malignant neoplasm (non-squamous cell carcinoma) of the esophagus. Many rare cases including undifferentiated carcinoma, carcinoid, carcinosarcoma, myosarcoma and primary malignant melanoma etc. were reported and there was a lively discussion about their treatment and prognosis.

In reference to the subject of the Congress, "Preoperative or Postoperative Combined Therapy for Carcinoma of the Esophagus", 11 oral presentations were given. Specifically, they covered the usefulness of chemotherapy focused on CDDP; hyperthermia; and the usefulness of concomitant therapy including postoperative radiation. Of late, the usefulness of CDDP in the treatment of esophageal cancer has been considered highly in Japan. Multimedication therapy centering on CDDP, along with FT, BLM, PEP, ADR, MMC, VDS, etc. are employed as preoperative and postoperative chemotherapy in preoperative and postoperative chemotherapy in many hospitals/clinics in Japan.

Furthermore, concomitant therapy by adding radiation to the multi-medication therapy is widely performed. Reports demonstrating good results of this therapy were presented. The efficacy of hyperthermia in addition to the above concomitant therapy also received a high assessment. It was reported that for even advanced stage esophageal cancer, the hyperthermia group showed better outcome than did the non-hyperthermia group with a significant difference, whether they underwent esophagectomy or not. Anyway, it is of significance to positively perform immunochemotherapy, including radiation for esophageal cancer.

As an invited lecturer, Dr. Arnulf H. Hölscher from Klinikum rechts der Isar, Technischen Universitat Munchen, West Germany, gave a lecture on "Adenocarcinoma of the Gastroesophageal Junction-Definition and Modified Surgical Management." Also, Prof. Tatsuo Sato from the Second Department of Anatomy, Tokyo Medical and Dental University, lectured, using a film, on "Anatomical Demonstration of Lymphatics Related to Esophageal Cancer Operation." He indicated surgical operative problems involved in clearing regional lymphatics in esophageal cancer cases. All the sessions were followed by animated discussion. It is highly gratifying that the Congress ended in success. Hoping that the ISDE will further develop in the future, I would like to end my report.

(M. Fujimaki)

Recent Organizational Developments

NEWS FROM THE EXECUTIVE MEETING

The most recent meeting of the executive committee was held on March 3, 1989 at the New York Hospital, N.Y. The reports given and the resolutions reached are as follows.

1) Valid Membership

As of February 28, 1989, the valid membership of the ISDE totaled 560, as reported by the membership committee.

2) Scholarship

The 1989 scholarship was decided to be given to 7 applicants, as reported by the scholarship committee.

3) National Representatives

The national representatives (total X) shall consist of A-members and B-members (proposed and explained in a previous Newsletter). A-members are representatives elected directly from the membership of those countries with sufficient members to justify representation (6 or more). Further, it was decided to select one representative from countries with 6-29 members, two representatives from countries with 30-99 members (Italy and U.S.A.) and three representatives from countries with more than 100 members (Japan). According to this system, the number of A-members is 20 and, according to the stipulation in the Charter that B-members cannot account for more then 25% of the total, this means that up to 6 B-members can be selected depending on the election to select the representatives for the new term has been undertaken by the secretariat by mail in March. The candidates for proposed as the B-members have also been selected.

4) Research Committee

The proposal to have a research committee for Barrett's esophagus (beside the current TNM research committee) and to have a supervisory central research committee was agreed on. Prof. Skinner was elected the head of the latter and was asked to select the members for the former.

5) Office and Officers

It was proposed and agreed not to move the Tokyo Office (secretariat) for the next 3 years. The positions of the president, vice-president and the congress chairman were discussed and roughly agreed on in term of the adequate nominees.

6) Others

The ISDE's relationship with the SIC and the GEEMO was discussed, then it was confirmed to maintain the present triennial congress system, though the ISDE may participate in the "International Surgical Week". It was also agreed not to have any official relation with the GEEMO.

GEEMO—Groupe Etude Europeen Maladies Oesophage
SIC —Societe Internationale de Chirurgie

(M. Kijima)

ISDE Scholarship

★ *Scholarship Committee Meeting* ★

Twelve applicants from all over the world applied for the 1989 Scholarship. The Scholarship Committee Meeting was held on March 3rd, 1989 presided over by Prof. Siewert (Chairman). After strict evaluation, it was decided that six Research Scholarship and one Visiting Scholarship would be awarded and support per award ranged from $6,000 to $10,000.

Scholarship winners are Dr. Tadashi Nishimaki (Japan), Dr. Rajendra A. Badwe (India), Dr. Toshihiro Hirai (Japan), Dr. Paolo Trentino (Italy), Dr. Shashank R. Shinde (India), Dr. Jean-Marie Collard (Belgium), Dr. Nobutoshi Ando (Japan).

Their hosts and study sites are as follows:

Dr. T. Nishimaki—Prof. J.R. Siewert
Universitat Munchen, Munchen, W-Germany
Dr. R.A. Badwe—Dr. H. Akiyama
Toranomon Hospital, Tokyo, Japan
Dr. T. Hirai—Prof. T.R. DeMeester
Creighton University, Omaha, U.S.A.
Dr. P. Trentino—Prof. K. Nabeya
Kyorin University, Tokyo Japan
Dr. S.R. Shinde—Prof. T. Kakegawa
Kurume University, Fukuoka, Japan
Dr. J.-M. Collard—Prof. T.R. DeMeester
Creighton University, Omaha, U.S.A.
Dr. N. Ando—Prof. M.B. Orringer
University of Michigan, Michigan, U.S.A.

T. Hirai, M.D.

R.A. Badwe, M.D.

T. Nishimaki, M.D.

P. Trentino, M.D.

S.R. Shinde, M.D.

J.-M. Collard, M.D.

N. Ando, M.D.

Scholarship Report

Tetsuro Nishihira, M.D.
Tohoku University School of Medicine, JAPAN

Oct. 15, 1988–Oct. 31, 1988

The University of Illinois, College of Medicine at Chicago
Prof. Lloyd M. Nyhus

OVERWHELMING AND VALUABLE EXPERIENCE IN VISITING UNIVERSITY HOSPITALS IN CHICAGO AND NEW YORK

In mid-October 1988, I was kindly granted an I.S.D.E. Scholarship which allowed me to visit several university hospitals in New York and Chicago.

My visit began in New York where I was warmly received at the New York Hospital-Cornell Medical Center by President David B. Skinner and Assistant Professor Nasser K. Altorki and where I was able to engage in fruitful discussions about the treatment of esophageal cancer.

While in New York, I was also fortunate to have the opportunity to visit the Memorial Sloan Kettering Cancer Center with arrangements being made by Professor Murray F. Brennan, Chairman of the Department of Surgery. At the Center, I was able to discuss surgical treatment of cancer in the Thoracic Conference under the auspices of Professor Nael Martini. I also presented films on lymph-adenectomy for cancer of the thoracic esophagus at the Surgical Ground Round Conference presided over by Professor Brennan. At both conferences, there was lively and informative discussion.

After my stay in New York, I traveled on to Chicago to the

with Prof. Skinner and Prof. Kakegawa in Chicago

University of Illinois, my host institution where I was able to visit and observe many medical facilities and various laboratories. Professor Lloyd M. Nyhus, Chairman of Surgery, welcomed me as a Visiting Professor of Surgery, and Professor Philip E. Donahue kindly provided me with the opportunity to present a lecture and films. Although my scholarship was for a brief visit to my host institution to see the facilities and to observe the work being done in surgery and research, I was very fortunate to be able to meet and hold discussions with many distinguished professors about diseases of the upper alimentary tract.

In closing, I would like to thank the immediate Past President of I.S.D.E., Dr. K. Nakayama, who kindly introduced me to Professor Nyhus at the University of Illinois. I am also grateful to the I.S.D.E. for giving me the chance to visit the United States and to Professor Nyhus for his warmhearted hospitality.

Anand Gunavant Nande, M.D.
Bombay Hospital & Medical Research Center
Shirikhande Clinic, INDIA

Sept. 5, 1988–Nov. 30, 1988

Toranomon Hospital, Tokyo, Japan
Prof. Hiroshi Akiyama

RECENT TRENDS IN SURGICAL MANAGEMENT OF CANCER OF ESOPHAGUS

Toranomon Hospital is situated in the midst of the bustling financial district of Minato-ku in Tokyo. The department of Gastrointestinal surgery was established in 1972 by Prof. Hiroshi Akiyama. It now consists of 4 staff members, 3 senior residents and 6 junior residents. There are approximately 100 in-patients in the unit at any given point of time.

As far as the surgery of Dr. Akiyama is concerned I can do no better than repeat Dr. Belsey's tribute to him during the Annual Meeting of American Surgical Association at Chicago in 1981, "I have had the pleasure of watching Prof. Akiyama operate and one of the factors that impresses me most is his sheer technical artistry. The greatest lesson I learned was the value of gentleness in surgery, respect for the friability and vulnerability of human tissue. I have seen no better exponent of that philosophy than Prof. Akiyama."

My studies in Toranomon Hospital started in the first week of September 1988. I was fortunate to observe a total esophagectomy on the very first day of my arrival and considered it a very good omen indeed!

Dr. Akiyama uses a unique method of thoracotomy. Latissimus dorsi and Seratus anterior muscles are not cut in the line of incision but retracted laterally. The intercostal muscles are detached from the upper margin of the rib with electro-cautery as far posteriorly as possible. Two self-retaining retractors are then placed at right angles. This method gives eminently satisfactory exposure. I feel that this technique contribes significantly in decreasing the incidence of post-operative chest complications. The surgical dissection is characterized by meticulous, gentle and patient dissection of tissues. The recurrent laryngeal nerves on both sides are carefully identified and kept out of harm's way. The right bronchial artery is preserved to avoid ischaemia of trachea and bronchi. The thoracic duct is tied and removed to prevent accidental chylothorax. All lymphatic tissue around the esophagus, innominate artery, superior vena cava, trachea and both bronchii are removed either piecemeal or en bloc. Particular attention is paid to the lymph nodes under the aortic arch (Botallo). In the abdomen all the lymphatic tissue along the left gastric artery is removed. A stapler is used to prepare a stomach tube. The area of the lesser curvature supplied by 5 branches of the left gastric artery is removed with the specimen. The stomach tube is based on right gastric and right gastro-epiploic arteries.

The neck dissection comprises of removal of all lymphatic tissue lateral to the internal jugular vein and around the recurrent laryngeal nerves. A substernal tunnel is prepared and the stomach tube is pulled up into the neck. A meticulous mucosa-to-mucosa approximation is performed in 2 layers using 5/0 silk as interrupted sutures. The anastomosis is decompressed by an indwelling tube.

It is impossible for me to put on paper my sense of gratitude for everything they did to make my stay in Japan a comfortable and memorable one. I found the same endearing quality of politeness, sincerity, honesty and helpfulness in every walk of life in Japan and it has made a profound impression on my mind.

All this was made possible because of the generous scholarship which I.S.D.E. bestowed on me and I remain sincerely grateful for it. The I.S.D.E. is to be highly commended for its efforts to expose young surgeons to such atomosphere of excellence. I sincerely hope that such efforts continue so that many more young and impressionable surgeons can benefit from them in future.

Zeno Popovici, M.D.
County Hospital SIBIU, Rumania

Jan. 1, 1989-March 31, 1989

ABOUT RECONSTRUCTION OF THE PHARYNX WITH COLON AND PRESERVATION OF THE LARYNX

Itinerary:

January 10, 1989 Arrived in Kurume
March 8, 1989 Visit to Occupational & Environmental Health School of Medicine, Kitakyushu, Fukuoka
April 3, 1989 Visit to the Institute of Gastroenterology, Tokyo Women's Medical College
April 4, 1989 Leave Tokyo

Since January 10, 1989 I have studied for three months in the 1st Department of Surgery at Kurume University, School of Medicine, Kurume, Fukuoka, Japan.

Clinical Research

This activity was mainly based upon the participation to all esophageal operations done in this period by Prof. Teruo Kagegawa. I was very interested in studying the use of the Autosuture in esophageal surgery and I studied the surgical staplers of two USA Companies.

For pharyngeal reconstruction electromyographic and X-ray investigations of normal deglution by T. Yoshida and in cerebral vascular disease by Y. Toh interested me very much. All the same surgical treatment for dynamic disorders of swallowing of Prof. M. Hirano, the Japanese technique of suspension of the larynx to the mandible and subhyoidomyotomy captivated my attention. This was also the case with the plastic operations with the intrathoracic application of latissimus dorsi muscle flap for esophageal cancer surgery (H. Fujita) and the pharyngeal reconstruction using Bakamjian's and Aryan's methods which I have seen at Kurume University, because I am practicing that kind of esophageal and pharyngeal reconstruction since a few years ago.

I observed an interesting largngoplasty procedure (Prof. M. Hirano) derived from Rethi's II procedure in extensive pharyngeal corrosive stenosis involving the subglottic space, technique which I practiced also. I paid particular attention to the study of manubriectomy and mediastinal tracheostomy in cervical esophageal cancer, free jejunal grafts (Harashina and Kagegawa), and free ileo cecal grafts (H. Kawahara). Videotapes and films completed my observation during operation.

Basic Research

I performed experiments on rats, consisting in the first stage of femoral artery and vein anastomosis using microsurgical techniques. I performed 54 vascular anastomoses in rats and finally succeeded in obtaining a good vascular flow and survival of animals, the quality of the anastomosis being checked by autopsy.

Pharyngeal Reconstruction

The main aim of my activity was directed towards pharyngeal reconstruction, based on my personal series of esophageal and pharyngeal reconstruction with colon-most being for corrosive strictures—of 235 cases (216 due to corrosion), of which 90 needed a pharyngeal reconstruction.

I devoted my experience of 20 years attempting different original procedures in pharyngeal reconstruction like "double pharyngo-colostomy en Y" (1974), pharyngoplastia vera" (1982) a.s.o. This lining the three walls of the larynx from the pharynx (pharyngolysis) was contrary to the previous techniques which used only to by-pass the pharyngeal stenosis.

In conclusion, I think that the future will belong to free revascularized visceral autografts (K. Nakayama 1962, K. Inokuchi, 1964, Harashina and Kakegawa, 1981). It seems to be one of the most favourable technique for reconstruction of the pharynx, but this subject should be my research in the future. Further work has to be done to prove this hypothesis.

Finally, I would like to express my appreciation to Prof. Dr. Teruo Kakegawa, Chairman of First Department of Surgery, for giving me this great opportunity to work in his department and leading me in both clinical and basic studies.

The I.S.D.E. scholarship was a great help for me to come to Japan, and gave me the opportunity to study in the First Department of Surgery of Kurume University, which is one of the important centers for esophageal surgery in Japan. People here were very kind and I will never forget the days spent in Japan, which will be only the beginning and efforts for continuing the study after the end of the scholarship should be done by the I.S.D.E.. Moreover, I think that a section on "The Pharynx" should be created in the future within the I.S.D.E..

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Tokyo 162 Japan

Please be sure to include the name "ISDE".

Recent Publications

RECENT PUBLICATIONS

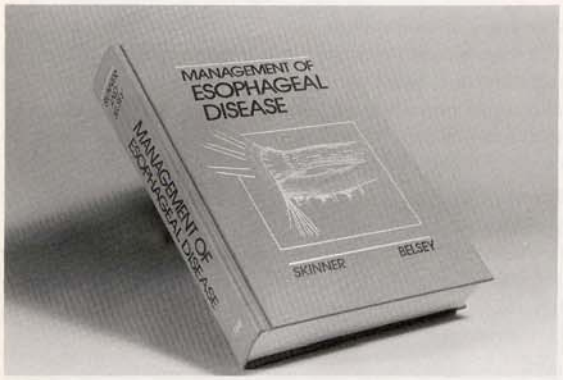
Management of Esophageal Disease
By David B. Skinner and Ronald H.R. Belsey
W.B. Saunders Company, 1988

The two authors, Drs. Skinner and Belsey, are world famous esophageal surgeons and surgical considerations are strongly emphasized in this book. However, they hope that nonsurgical colleagues, who are the first to see patients with esophageal disease, may find their experience and viewpoints useful and that the book will be valuable to a spectrum of doctors interested in the esophagus as well as to those with a specific surgical focus, as stated in the preface.

The book consists of 12 sections and 57 chapters with many beautiful illustrations arranged well throughout. The first four sections present general introductions of the esophagus, esophageal diseases and treatments. The following eight sections are devoted to details of various esophageal diseases.

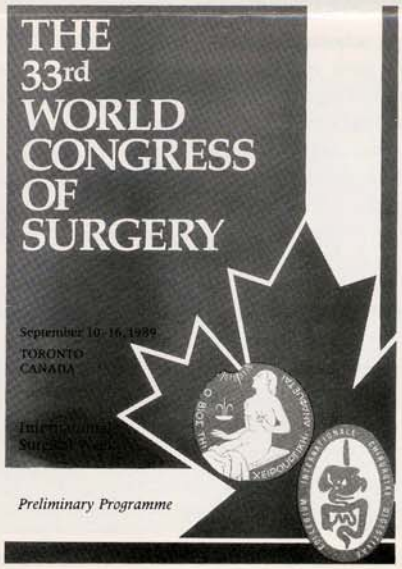
This book is extremely valuable not only as a lucid and concise operative textbook for esophageal surgeons but also as a well-written diagnostic textbook for nonsurgical physicians.

(K. Yoshino)



★The 33rd World Congress of Surgery International Surgical Week

Site: Toronto, Canada
Date: Sept. 10-16, 1989
Deadline: Dec. 15, 1988
Congress President: Jose F. Patino, M.D.
Language: English
Scientific Program: Free papers, Workshops, Videos, Posters



Congress News

★6th World Congress of Bronchoesophagology

Site: Grand Hill, Ichigaya, Tokyo, Japan
Date: Oct. 15-18, 1989
President: Tetsuzo Inoue, M.D.
The National Defense Medical College

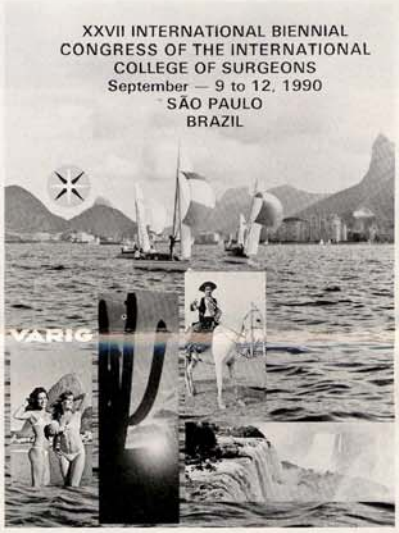
THE VI TH WORLD CONGRESS OF

BRONCHOESOPHAGOLOGY

Second Circular

★XXVII International Biennial Congress of the International College of Surgeons (ICS)

Site: Sao Paulo, Brazil
Date: Sept. 9-12, 1990
Congress President: Wilson M. Pollara, M.D.
Sao Paulo University



★Call for news items

We will be pleased to accept news items, Congress or Meeting information from members for publication. Suggestions for projects and programs will also be wellcome. Please send any such information to the Secretariat.

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