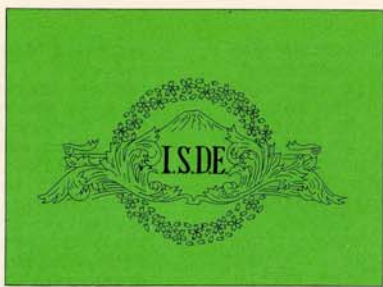


ISDE



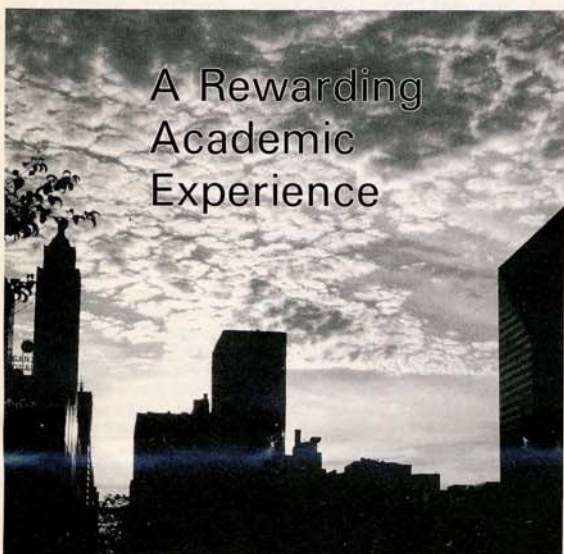
NEWS

The International Society for Diseases of the Esophagus

No. 7, Feb. 1st, 1990

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

Truly Fruitful International Congress for Researchers on Esophageal Diseases



A Rewarding
Academic
Experience

Chicago Silhouette !!



Top line-up of the ISDE showing their satisfaction with this successful Meeting. (L-R, 3rd term President-Inokuchi, 4th term President- Siewert, 4th International Congress President- Prof. Skinner and Mrs. Skinner)

Congress President Address

David B. Skinner, M.D.

The Fourth International Congress of ISDE was held in Chicago, Illinois on September 6-8, 1989. As judged by the numbers of abstracts submitted (525), quality of papers and posters presented, breadth and depth of the scientific program, and numbers of nations represented (38) the Congress was a great success by any standard. Based upon this experience which was shared by so many, it is now evident that the original vision of Prof. Komei Nakayama in founding ISDE in 1980 was an idea for which the time was right. The rewards of an interdisciplinary and multi-national exchange of ideas



were apparent to all. No one in attendance at the Congress could doubt the solid scientific basis upon which the diagnosis and treatment of esophageal disorders are based. The complexity of treating esophageal disorders is sufficiently challenging to warrant the sub-discipline in several medical specialties. However, throughout the Congress week with its many high points, the participants were also saddened by the recent death of Prof. Guido Castrini of Rome who served as the President for the Second International Congress of ISDE in 1983. Prof. Castrini was a friend and mentor to many of us in the Society, and he is already sorely missed. Not only did he provided leadership for our organization and support its founding, but he also established the official journal of the Society and served ably as its first Editor. He and his department practiced esophageal surgery and carried out investigations of esophageal diseases of the highest order, and contributed enormously to the development of the discipline. At the final session of the Congress, Prof. Kinichi Nabeya of Tokyo was chosen to host the Fifth International Congress in 1992. Prof. Kiyoshi Inokuchi completed his three year term as President with great distinction, and has been succeeded by Prof. Rudiger Siewert of Munich who was the Congress President for the Third Congress in 1986. For the benefit of all, and with particular gratitude from Prof. Siewert and me, Prof. Inokuchi graciously agreed to accept the



All guest were spent a wonderful evening of jazz, singing, dinner and dance.

role as Secretary General for ISDE during the next three years. His experience and commitment to the organization means that it will continue to grow actively and successfully in the interval between our Congresses. The Chicago meeting was jointly sponsored with the American College of Chest Physicians which has expanded its scope to an international level. This important professional college is also multidisciplinary and has offered encouragement and support to specialists in esophageal disease as well as pulmonary and mediastinal disorders. The Secretariat for the Congress, Drs. Alex Little

and Mark Ferguson were ably and indispensably assisted by the outstanding efforts of the ACCP office including Mr. James Breeling, Ms. Darlene Buczak, Ms. Vera Heuberger. With their efforts the Congress was effectively organized and proceeded without mishap. On a personal note, I would like to thank all of those who participated in the Congress and contributed so much to its success. It was a joyous and productive occasion. The organization is now truly international and has earned its place among the leading scientific and medical organizations.

New coming Presidential Address



J. Rudiger Siewert, M.D.
Department of Surgery
Technical University
of Munich

Milestones in the development of the International Society for Diseases of the Esophagus

The foundation of our society in 1979 by Komei Nakayama was an important step to give the esophageal surgery an adequate forum for discussing results and problems, for meeting each other and exchanging experiences and for starting friendships. We have had great and productive meetings in Tokyo, in Rome, in Munich and now in Chicago. Our society has to thank Professor Skinner and

his co-workers Professor Little and Professor Ferguson for their great work in organizing this marvellous congress.

In Munich in 1986 it was the first time that all the societies active in the field of esophageal surgery came together and joined the meeting. Today, in 1989, there is no question and no doubt that all these esophageal clubs will join the meetings of the ISDE and will accept this umbrella function of this International Society.

The emphasis of this umbrella function and the acceptance of this function through all the esophageal clubs is the great merit of our past president, Professor Inokuchi. For those, who do not know Professor Kiyoshi Inokuchi so well I would like to bring some of his personal data:

- born in 1921 he graduated at the Kyushu University, Faculty of Medicine in 1945
- degree of Doctor of Medical Science 1950
- degree of Doctor of Pure Science 1956
- Professor and Chairman of Surgery, Kyushu University 1963 - 1985
- President of Japan Surgical Society 1977
- Member of Academie de Chirurgie 1981
- Honorary Member of the Society for Vascular Surgery 1982
- Honorary Fellow of the American College of Surgeons 1986
- President of the ISDE for the last 3 years, 1986 - 1989

There are some more merits of Professor Inokuchi. He has founded the scholarship of the ISDE. This is a very important aspect of our society. The scholarship program which is sponsored by the Japanese Research Foundation for Multidisciplinary Treatment of Cancer, gives us the possibility for an international exchange of young surgeons. This is the best way to get to know each other and open the minds of young surgeons for international cooperation and friendship.

A further important step in the development of our society was the foundation of a special journal called "Diseases of the Esophagus" by the late Guido Castrini. This idea also was strongly supported by Professor Inokuchi and he put it through against some criticism and scepticism. The idea of a journal is a very important aspect in the identification of our society.

Furthermore during the chairmanship of Professor Inokuchi scientific and research committees were founded: the TNM-Committee and the Barrett-Committee. Further committees will follow. The aims of these committees are the collection of scientific data and the exchange of these data all over the different parts of the world. A very important aspect of this scientific work is to make our surgical results comparable. A precondition for this is to speak one scientific language and to accept one classification and terminology for different diseases. I am sure that the research committees of our society will reach these aims in the near future. Professor Inokuchi's presidentship ends now and we have to thank him for all he did for the society. Fortunately he succeeds Professor Endo as Secretary General. I am very sorry about losing Professor Endo as secretary general. He was the most polite, the most silent but also the most successful secretary general I ever have worked with. Thank you very much for spending such a lot of time for our society.

What is to do in the future?

No question, the ISDE will blossom and prosper.

The ISDE is asked to represent esophageal surgery at the International Week of Surgery in Stockholm in 1991. Our society will do this together with the other organ-specific societies like the hepatobiliary society (IHBPA) or the colorectal surgeons. This invitation to represent esophageal surgery in the International Society of Surgery (ISS/SIC) is a new sign of accepting the ISDE as the worldwide speaker of esophageal surgery. This is on the other hand a unique chance for us to take part in the formation of modern surgical specialities and of the organization of the International Surgical Weeks in the future.

For being successful in this work and in the cooperation with the other societies it is necessary that our society is a real international one. Without any doubt the ISDE was founded in Japan and so it is and remains a Japanese child. The first support was given by our Japanese friends. Without this Japanese help the ISDE would have died during the first few years of its life. So we have gladly to accept that our Japanese friends, especially Professor Nakayama and Professor Inokuchi, are the parents of our society and never a good educated child will forget its origine. On the other hand a good education brings a child to independency and a successfully educated child will leave the family and will go out into the world. The greatest reward we can receive is if our society will grow up and will become the worldwide accepted society for all doctors interested in the field of the esophagus.

I hope very strongly that our society will have in the future the independence to growing up and enough protection from its Japanese family. I will do my best during the next three years to smoothly move our society in this direction.

Outgoing Presidential Address



Kiyoshi Inokuchi, M.D.

Congratulation on the great success of 4th International Congress and my heartfelt gratitude for your kind co-operation during three years.

First of all, I should like to extend my sincere appreciation to Professor David Skinner, who organized this excellent 4th World Congress of the ISDE.

Since I had the honor to take office of President of the ISDE in 1986, I devoted my utmost efforts to enhance the development of the ISDE. In 1988, 9 years had passed since the ISDE had been founded, and at that time much effort was necessary to amend the Charter so that the mechanism of the society could be more international and democratic. The revised Charter was ratified by the Board of Governors meeting on the occasion of the 3rd World Congress in Munich September 1986.

However, interest concerning this problems continued and it was decided to hold an informal Working Committee meeting in January 1987 in Rome, to which all the officers and some other active participants were invited. The discussion focussed on the pursuit of a new line of reformation of the structure of the Society in order to make it able to directly reflect the views of the membership. According to this spirit, the Charter was again revised. The new governing structure consists of (1) an Executive Committee, (2) National representatives, (3) Chairmen of Committees and (4) Representatives at large.

The Board of Governors has been replaced by the term "Council", because the latter is more commonly used in academic societies. The process of the molding of this system has been published in our Newsletters and sent to the members. The national representatives, the most important constituents, were newly elected by vote according to the new spirit and the new Charter and Bylaws were ratified by the new Council meeting held September 5. Nothing makes me so happy as the fact that the new organization system has started so smoothly with the cooperation of all of you.

In order to pour the spirit of the ISDE into the newly formed organizational structure several standing committees have been established to carry out the decisions of the Executive Committee, and achieve the objects of the Society. They are, the Membership Committee, Newsletter Committee, Scholarship Committee, Research Committee and the Journal Editorial Board.

The Charter of the ISDE proposes (1) to provide an academic forum (2) to promote research performed with uniform standards on a world-wide common basis and (3) to enhance mutual communication and friendship among members.

The last three years have seen radical development in the organization, from one that was controlled by a relatively small group of executive officers to one in which the decision making process is carried out largely by a group of elected national representatives in addition to the executive committee and the results of that decision-making process is then submitted to the General Assembly of all fee-paying members who attend the Congress. This ensures that all members are able to express their views

and influence the actions of the Society.

One problem was the fact that some countries like Japan, Italy and the United States have a large number of members while other countries or regions have a very small number. This would mean that if the numbers of national representatives were chosen based purely on a numerical ratio basis those three countries would have an overwhelming influence. In order to encourage and nurture input from as wide a range of countries as possible it was therefore decided that regardless of how large the number of members from a given country, no country could have more than 3 representatives. This means that for example Japan, even though it has approximately 50% of the entire membership accounts for only 3 out of about 250 national representatives. It was also decided that countries with 6 members or more could have a single elected representative. However, this meant the exclusion of some countries with less than that requisite number, which nevertheless had members who were making very significant input into the society and were very active in the field of esophageal diseases. In order to include them in the decision making process of the ISDE we therefore decided on the system of B members and members at large.

When any society starts out, it almost always must rely on the efforts of a small core of dedicated workers, and it was such a small core on which Professor Nakayama relied when he founded the ISDE in 1979. However, if there is a real need for the organization, the membership expands and the organization of the Society has to adjust to accommodate the thinking of the membership. I think that the ISDE has indeed made this transition during the past three years. We have seen the change to a very democratic system, we have seen the development of a generous ISDE Scholarship program, we have also seen the establishment, not only of a semi-annual Newsletter, but also of a Journal, through the efforts of the late Professor Castrini and his colleagues, and even more importantly, under the leadership of Professor Skinner we have seen the establishment of our research committees for esophageal cancer and benign diseases. At the Esophageal Week excellently organized by President Siewert in Munich in 1986, there were some questions as to the justification for raising the annual fee to \$50, but I hope that everybody today is convinced that we have done our very best to provide value for the annual fees and, more importantly to honor the trust that had been placed in us.

It gives me great pleasure to feel that the ISDE is now up and running and I am sure that we can look forward to even more development under the presidency of the extremely capable Professor Siewert. I am sure that none of you who were at the Munich meeting will have any doubts at all as to the ability of Professor Siewert to run an efficient organization.

Before I conclude I would like to ask for a moment of silence for the memory of Professor Castrini, a past Congress President of the ISDE. If it had not been for his enthusiasm the Journal Diseases of the Esophagus would not have been realized. Could we have a moment of silence please.

Thank you very much. Finally, I should like to thank you all for the kind cooperation you have provided me during the past three years. I am sure that this congress, under the presidency of Professor Skinner, will be a huge success and I am sure that under the presidency of Professor Siewert and the hard work of the Secretariat in Tokyo we can look forward to three more years of significant activity.

Recent Organizational Development



In Chicago Fairmont Hotel, the Executive Committee held on Sept. 4, 1989 and discussed following items and then next day 5th, same all items were determined. Participating 35 national representatives who were elected democratically just before the meeting, following items were approved at the General Assembly on Sept. 8, 1989.

Membership Committee

As of Sept. 8, 1989, the valid membership of the ISDE totaled 608 as reported by the membership committee. This figure included 102 provisionally accepted new members, 79 of whom were approved as regular members and 23 were approved provisional upon receipt of annual dues.

Scholarship Committee

The ISDE Scholarship was initiated in 1987 through the support of funds from the Japanese Research Foundation for Multidisciplinary Treatment of Cancer. The purpose of the Scholarship is to transmit information concerning diagnosis and treatment of esophageal diseases among the specialist in various countries. From 1988 the synopsis was modified so that it involves both a Research Scholarship and Visiting Scholarship. During these three years a total of 17 persons were awarded scholarship.

Newsletter Committee

The first job of the 3rd triennial term to bring forth the organizational development of the ISDE was to circulate a Newsletter among the members twice a year. The first issue came out in February 1987 and now this is the No. 6 issue. We would be grateful if you could send any information and news items to the Secretariat.

Journal Committee

As a result of the enthusiastic efforts of the late Professor Castrini, the editor-in-chief of the official Journal of the ISDE, "Diseases of the Esophagus", came out in April 1988. 5 issues from April 1988 to August 1989 have been published. The contract with Masson Co., the publisher, is to expire on December, 1990, and if the contract is not to be extended, it must be decided by June, 1990. It means we must decide whether to renew or cancel the contract with Masson Co. until next June. So the Journal Committee will be convened on March 24, 25, 1990 in Rome to discuss this matter.

Research Committee

It is one of the prime aims of the ISDE to establish systems to promote research performed with uniform standards on a world-wide scale. For this purpose the ISDE organized the Research Committees. (See "Research Committee Meetings")

5th World Congress of ISDE, in 1992

Prof. Kinichi Nabeya was selected to preside over the next 5th World Congress of ISDE among five candidates.

Honorary Member

The late Dr. Guido Castrini was given the Honorary Member of ISDE for his great effort on presiding the 2nd World Congress of the ISDE in Rome in 1983 and particularly devoted his enthusiasm to raise the ISDE Journal "International Surgery" as an Editor-in-chief.

(H. Watanabe)

Research Committee Meetings

1st Central Research Committee Meeting

The 1st Central Research Committee meeting was held on September 5, 1989, prior to the fourth World Congress of the ISDE in Chicago. Dr. D.B. Skinner (Chairman), Dr. M. Donner (USA), Dr. G.J. Huang (PRC), Dr. K. Inokuchi (Japan), Dr. T. Kakegawa (Japan), Dr. T. Lerut (Belgium), Dr. H. R. Matthews (UK) and Dr. A. Peracchia (Italy) were present.

After the rationale for the formation of the Central Research Committee was stated, general discussion was held according to the agenda. With regard to the financial aspect of the activities of specific committees, the Committee asked the Executive Committee and the Council to encourage fund raising for research. Protocols from the TNM and Barrett's Esophagus Research Committee will be submitted to Central Research Committee Chairman who will send them by mail for approval of the Committee. To enhance the committee activity with regard to the functional aspect of the esophagus, the following two new committees were proposed, one is the committee for pharyngo-esophageal function (Dr. Donner and Dr. Lerut) and the other is the committee for gastro-esophageal reflux (Dr. Matthews and Dr. Siewert).

The 2nd TNM Research Committee Meeting

The 2nd TNM Research Committee Meeting was held on September 5, 1989, prior to the fourth World Congress of the ISDE in Chicago. Dr. T. Iizuka (Chairman), Dr. N.K. Altorki (USA), Dr. R. Giuli (France), Dr. A.H. Holscher (W-Germany), Dr. G.J. Huang (PRC), Dr. K. Isono (Japan), Dr. T. Lerut (Belgium), Dr. H. Akiyama (Japan), Dr. K. Nabeya (Japan), and Dr. R. Bardini (Italy) were present. Dr. Iizuka presented the collected data from registration forms from four countries, Belgium, PRC, India and Japan. In general, lymph node metastasis was seen in more than 50% of the patients. The data from Japan showed that more than two thirds of the patients had lymph node metastasis extending to two or three fields (neck, thorax and abdomen).

Concerning the simplified TNM registration form which had been proposed, it was accepted after agreeing on the following points.

- (1) The tumor length on the resected specimen should be described.
- (2) The number of lymph nodes dissected and the number of nodes with metastasis should be described.
- (3) In Western countries, it is apparently difficult to classify the location of individual lymph nodes according to the registration form format. However it is required at least to describe the number of dissected lymph nodes in terms of gross area (neck, thorax, abdomen).
- (4) The presence of residual tumor should be described according to the TNM classification with the term such as palliative surgery.

Subsequent compilation of data using simplified form by all participating institutions was requested. The next meeting will be held in July 1990, Kurume, Japan.

***Barrett's Esophagus Research
Committee Meeting***

The 1st Barrett's Esophagus Research Committee Meeting was held on September 5, 1989, prior to the fourth World Congress of the ISDE in Chicago. Dr. D.B. Skinner (Chairman), Dr. S. Stipa (Italy), Dr. R. Giuli (France), Dr. T. Lerut (Belgium), Dr. B. Gayet (France), Dr. A. Duranceau (Canada), Dr. P. Keeling (Ireland), Dr. F.H. Ellis (USA), Dr. M. Kijima (proxy for Dr. T. Aoki, Japan) were present. Protocols were proposed by Dr. Giuli and Dr. Stipa, and it was agreed finally to have a unified protocol through the mutual cooperation of Dr. Giuli and Dr. Stipa.

(N. Ando)



Pleasant Gathering—beside the Scientific meeting

THE INFORMAL GET-TOGETHER OF YOUNG RESEARCHERS
AT THE FOURTH CONGRESS OF ISDE



Tetsuro Nishihira, M.D.
Associate Professor of Surgery
Tohoku University School of Medicine
Sendai JAPAN

For a number of years, over 40 senior surgeons engaged in the treatment of cancer of the esophagus have gathered informally during major annual surgical congresses in Japan. Besides enjoying each other's company, we look forward to these chances for freely exchanging ideas on a wide range of topics such as experimental science, clinical work, and even social problems. Based on our experience in Japan, we thought it would be a nice idea to hold such a get-together at the Fourth Congress of ISDE held in Chicago at which we

could include our colleagues from other countries.

We hoped that such a gathering would help to promote international friendship and understanding and lead to better communications. I am very happy to report to all the members of ISDE that we were able to successfully hold such an informal social gathering on September 6, 1989 following the President's Reception. Over 70 young researchers, including professors and other senior staff members from all over the world, gathered to get better acquainted. Although the party was limited to one hour due to time constraints, we were able to freely exchange ideas on matters not directly addressed by the congress, such as experimental science involving such aspects as oncogenes related to esophageal cancer, clinical work concerning many kinds of postoperative complications, and social problems. Moreover, we were able to both renew old friendships and greatly extend our circle of acquaintances and thus successfully achieve our goal of promoting mutual understanding. Hopefully, this will help to facilitate communication on common concerns in the future. Everyone seemed to enjoy this opportunity for getting better acquainted and it was agreed that such an informal, practical meeting should be held at the Congress in Tokyo scheduled for 1992.

I would sincerely like to thank all those that attended this meeting as well as Drs. M. Yoshida, M. Kijima, H. Ide, M. Tsurumaru, N. Ando, and Y. Karaki who helped organize the meeting.

New officer during the 4th Triennial term (1989.9—1992)

Executive Committee Members

President	J. R. Siewert
Vice-President	D. B. Skinner
Immediate Past President	K. Inokuchi
Federation Chairmen	M. Endo
(Far East Asia)	J. Wong
(Continental Asia)	A. G. Little
(North America)	H. W. Pinotti
(South America)	E. Moreno-Gonzalez
(West Europe)	Z. Gerzic
(East Europe)	C. G. Bremner
(Africa)	K. Inokuchi
Secretary General	S. Kobayashi
Treasurer	K. Nabeya
Congress Chairman(5th)	K. Inokuchi*
Editor-in-Chief of Journal	K. Inokuchi*
(*Acting Editor-in-Chief, till March, 1990)	

National Representatives

A-Member:(FAR EASTERN ASIA) T. Kakegawa (Japan), M. Kasai (Japan), H. Akiyama (Japan), R. Sjamshidjat (Indonesia), G.G. Jamieson (Australia)
(CONTINENTAL ASIA) J.M. Sheh (Taiwan), G.J. Huang (PRC), V.S. Sheth (India) **(NORTH AMERICA)** A. Duranceau (Canada), M.B. Orringer (USA), T. DeMeester (USA) **(SOUTH AMERICA)** H.W. Pinotti (Brazil), O.H. Mammoni (Argentina) **(AFRICA)** C.G. Bremner (S-Africa) **(WESTERN EUROPE)** R. Giuli (France), J.A. Curto-Cardus (Spain), J.M. Almeida (Portugal), P. Yannopoulos (Greece), T. Lerut (Belgium), J. Bancewicz (UK), A. Holscher (W-Germany), A. Peracchia (Italy), G. Zannini (Italy) **(EASTERN EUROPE)** Z. Gerzic (Yugoslavia)
B-Member: R. Roka (Austria), J.O. Isola (Finland), T.P. Hennesy (Ireland), V. Guarner (Mexico), H.W. Tilanus (Netherlands) **At Large:** F. Fekete (France), S. Payne (USA), G. Heberer (W-Germany), F.H. Ellis (USA), B. Launois (France), H.R. Matthews (UK), S. Stipa (Italy)

Research Remarks

FUNCTIONAL DISORDERS OF THE PHARYNX AND UPPER ESOPHAGUS

Swallowing is a mechanical process of taking in a substance through the mouth and pharynx, past the cricopharyngeus, through the esophagus, past the distal esophageal sphincter, and into the stomach. One-third of this distance consists of the mouth and hypopharynx; and two-thirds, the esophageal body. Food taken into the mouth is propelled by a cylinder pump toward the esophagus, with movement of the tongue functioning as a piston, completely filling the oropharyngeal cylinder and displacing the food back into the hypopharynx. This action, along with the contracture of the posterior pharyngeal muscles, causes a rise in the luminal pressure of the hypopharynx and develops a 40 to 60mm Hg pressure differential between the positively charged hypopharyngeal space and the negative intrathoracic pressure of the mid esophagus. The valves of the cylinder pump are the soft palate, which elevate to close off the nasopharynx; the epiglottis, which closes the larynx; and the cricopharyngeus, or upper esophageal sphincter, which relaxes in concert with the pressurization of the hypopharynx. Consequently, food is literally sucked into the thorax and, as a result, moves very rapidly through this region.

The body of the esophagus functions as a worm drive propulsive pump, initiated by the pharyngeal phase of swallowing, and is responsible for transmitting a bolus of food from the distal esophagus into the stomach. The esophageal phase of swallowing represents esophageal work done during alimentation in that a bolus of food is moved from a region of greatest negative intrathoracic pressure into the positive pressure environment of the abdomen. Normally for fluids this can be done, with the patient in the supine position, within ten seconds. When the patient is in the upright position, gravity assists the process and it is completed in six seconds. More viscous foods take somewhat longer. Orderly contraction of the muscular wall and anchoring of the esophagus at its superior and inferior end are necessary for efficient aboral propulsion to occur. Loss of the inferior anchor, as occurs with a large hiatal hernia, can lead to an inefficient propulsion (Figure 1).

Disorders in swallowing give rise to the symptoms of dysphagia. The causes of dysphagia in decreasing frequency in adults over age 45 are shown in Table 1. Dysphagia can be due to anatomic lesions or abnormalities of function. When a functional abnormality occurs during the pharyngeal phase, the dysphagia can be associated with aspiration or nasal regurgitation; when during the esophageal phase, with chest pain. The level at which the patient expresses the dysphagia is not a reliable guide as to the phase of swallowing in which the abnormality occurs, as many patients with an abnormality in the esophageal phase will complain of cervical dysphagia. It is important to differentiate dysphagia from odynophagia, that is, painful swallowing resulting from certain types of inflammation such as a viral or candidal esophagitis.



Prof. T. R. DeMeester



Dr. A. Yasui

At present it is unclear as to what causes the symptom of chest pain in patients with a functional abnormality of the esophageal phase of swallowing. Nociceptors, i.e. sensory endings activated by noxious or painful stimuli, are located in the esophageal mucosa, muscle, and adventitia. Those located in the mucosa mediate the sensation of heartburn and are responsive to chemical, osmotic, and thermal stimuli. Those in the muscle of the esophagus are activated by excessive muscle contraction, excessive stretching or ischemia. They convey a quality of pain that resembles the pain of cardiac ischemia. Those in the adventitia mediate pain due to periesophageal inflammation. Sensory fibers from all the receptors converge with sensory fibers from the heart, other thoracic organs, chest wall, arms, and neck. Consequently, there is clinical confusion regarding the origin of chest pain in patients with a motility disorder.

Motility disorders of the pharyngeal phase of swallowing are relatively rare and due to cricopharyngeal incoordination, that is, premature or delayed relaxation in relationship to pharyngeal contractions, incomplete relaxation or failure of pharyngeal contraction. The etiology of these abnormalities is shown in Table 2. The most common roentgenographic abnormality is a Zenker's diverticulum, and is a sign of a motility abnormality of the pharyngeal esophageal segment. The problem in evaluating patients with cervical dysphagia is the inability to show an abnormality in every patient. Recently it has been shown that abnormalities other than incoordination can be present which can account for the dysphagia. This is a shouldery pressure profile on the pharyngeal pressurization wave. This shoulder reflects the increased resistance to the passage of a liquid bolus through a less compliant pharyngeal esophageal segment. In otherwords the cricopharyngeus relaxes sufficient to show a drop in pressure to the base line on the motility record but not enough to reduce the resistance to flow through the pharyngeal esophageal segment to allow normal passage. In this situation, a surgical myotomy enlarges the opening with relief of the dysphagia. A properly done video roentgenographic study is a helpful test to evaluate epiglottis closure and cricopharyngeal relaxation. A posterior cricopharyngeal bar denotes an increase in outflow resistance to the pharynx or an incoordination in cricopharyngeal relaxation, particularly in symptomatic patients.

Prof. Akiyama was elected an Honorary FRCS (England)

On Feb. 16th 1989, Prof. Akiyama (Toranomon Hosp., Tokyo) was elected an Honorary Fellow of the Royal College of Surgeons of England, one of the most prestigious surgical societies in the world. This honor was conferred on him for his distinguished work on esophageal surgery. The ceremony was held on June 8th in accordance with the time-honored rite, with Council Members of the Society, dressed in traditional gowns, in attendance (Photo).

(H. Udagawa)



Hiroshi Akiyama, M.D.
 Office address: Toranomon Hospital
 Toranomon 2-2-2, Minato-ku
 Tokyo, Japan
 Date of Birth: July 2, 1931, Chiba
 1955 Graduated from the School of Medicine,
 University of Tokyo
 1972 Chairman, Department of Surgery
 Toranomon Hospital
 1983 Honorary Member,
 The Society for Surgery of the Alimentary
 Tract, U.S.A.
 1985 Honorary Fellow
 Brazilian College of Surgeons
 1986 Honorary Fellow
 Hungarian Surgical Society
 1986 Professor of Surgery
 Tokyo Medical College (Concurrent
 Position)
 1987 Honorary Fellow
 Philippine College of Surgeons
 1988 Honorary Member
 The Association of Surgeons of India
 1989 Honorary Fellow
 Royal College of Surgeons of England



Royal College of Surgeons of England

Know all Men by these Presents that
 we
 The Royal College of Surgeons of England
 do hereby admit
HIROSHI AKIYAMA,
 an
HONORARY FELLOW
 of the College
 As witness our Common Seal this 16th day of February 1989.

President
 Vice Presidents
 Secretary

The only effective therapy for disorders of the pharyngeal phase of swallowing is surgical myotomy of the upper sphincter. The best results are obtained in patients with incomplete or incoordinate relaxation. An exception is a Zenker's diverticulum in which the procedure is effective despite the observation that a motility abnormality may not always be detected. Of interest is that good clinical results from myotomy can occur even though cricopharyngeal incoordination persists. This suggests that myotomy reduces the outflow resistance of food from the pressurized pharynx into the negative-pressure environment of the upper thoracic esophagus. Myotomy appears to accomplish this by opening the pharyngeal esophageal segment and reducing the overall length of the upper sphincter.

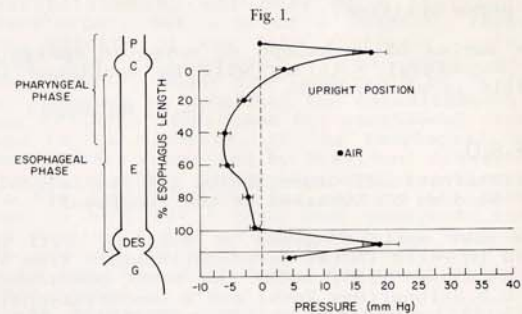
Functional disorders of the lower esophagus and cardia will be mentioned in the next issue.

TABLE 1 CAUSES OF DYSPHAGIA

1. Carcinoma
2. Reflux stricture
3. Lower esophageal ring (Schatzki's ring)
4. Drug stricture
5. Achalasia
6. Diffuse esophageal spasm
7. Scleroderma
8. Zenker's diverticulum
9. Paraesophageal hernia
10. Benign tumor
11. Extrinsic mass
12. Myasthenia gravis
13. Dermatomyositis

TABLE 2 ETIOLOGY OF PHARYNGEAL SWALLOWING DISORDERS

1. C.V.A.
2. Acquired neuromuscular diseases
3. Encephalitis
4. Head trauma
5. Poliomyelitis
6. Intracranial, head, and neck tumors
7. Iatrogenic



LEGENDS

Figure 1: Gastroesophageal pressure profile. Resting pressure profile of the foregut showing the pressure differential between the atmospheric pharyngeal pressure (P), the less-than-atmospheric midesophageal pressure (E), and the greater-than-atmospheric gastric pressure (G), with the interposed high pressure zones of the cricopharyngeus (C) and distal esophageal sphincter (DES). The necessity for relaxation of the cricopharyngeus and DES pressure in order to move a bolus into the stomach is apparent. Relaxation of the cricopharyngeus (C) during the act of swallowing results in a pressure differential between the hypopharynx and midesophageal level of approximately 40 to 60 mm Hg due to the action of the tongue and pharynx. This literally sucks the food into the esophagus. Esophageal work occurs when a bolus is pushed from the midesophageal area (E), with a pressure less than atmospheric, into the stomach, which has a pressure greater than atmospheric (G).

Regional Activity

West Germany

GERMAN SECTION OF THE ISDE

On November 3rd and 4th 1989 a workshop on computer analysis of esophageal motility was organized in the Department of Surgery of the Technical University of Munich. The workshop was presided over by Dr. H. Feussner and was especially devoted to problems and prospects of long-term recording of esophageal motility data. In the first part four different recording units (hardware) for long-term manometry of the esophagus were presented by two German, one Dutch and one German/American group. The second part of the workshop consisted of 8 different expert contributions about the software for long-term manometry and the evaluation of the different motility phenomena. The computerized analysis of tracings obtained by continuous long-term digital recording of esophageal pressure and pH were discussed in detail. Especially the definition of an esophageal contraction for computerized evaluation was discussed concerning its amplitude, steepness, duration and area under the curve. In this context the detection and exclusion of artefacts and the baseline correction were of great importance. Finally, a classification system for computerized evaluation of long-term esophageal manometry was presented and a basic consensus could be achieved concerning the following items:

1. The sampling frequency for long-term manometry should be at least 5 Hz for each channel; the use of 3 pressure probes is recommended.
2. Data reduction and sampling intervals should be avoided. Accordingly, the recording unit has to have a storing capacity of at least 2 MB.
3. Overall measuring time should comprise 24 h; a differentiation should be performed between fasting, prandial/postprandial phase and between the time of upright or prone position.

The series of workshops on computer analysis of esophageal motility will be continued in Berlin in spring 1990.

(A.H. Holscher)

O.E.S.O.

(International Organization for Statistical Studies on Diseases of the Esophagus)

The next world Congress of O.E.S.O. will be held in Paris (Hotel Intercontinental) from 19 to 23 June, 1990, under the joint presidency of D.B. Skinner (New York) and R. Lambert (Lyons). It will be devoted mainly to PRIMARY MOTOR DISORDERS OF THE ESOPHAGUS.

The 5 days of this event will be arranged based on the original format previously adopted for the two first Congress of O.E.S.O.: after a preliminary statement of very precise questions involving all the disciplines concerned with the chosen topic, each question has been addressed to the specialist judged to be the best qualified in the world to answer it.

370 questions dealing with the **idiopathic motor disorders of the esophagus** have been listed for this Congress, and specialists from 40 countries have agreed to personally provide very specific answers to the question(s) put to them.

The 18 sessions of this Congress will be held under a double chairmanship, English-speaking and French-speaking, so as to

Congratulation on the 80 years birthday

Prof. Komei Nakayama, Honorary President of ISDE is 80 years old on Sept. 28, 1989. Three hundreds and more of his colleagues congratulated "Sanju" in Hotel Okura.

中山恒明先生傘壽祝賀



facilitate to the utmost, by means of simultaneous translation, the extensive audience discussion anticipated.

At the same time as the sessions devoted to idiopathic motor disorders of the esophagus, parallel sessions will be organized comprising communications dealing with ANY ASPECT OF ESOPHAGEAL DISEASE.

In addition, LUNCH SESSIONS will be organized on different defined fields of gastroenterology so as to allow direct contact between small groups and specialists in a given subject.

This important multidisciplinary international event, by virtue of the original arrangement of its program and the very high caliber of the authorities brought together on this occasion, will allow the participants to contribute to an exceptional focus, to be progressively defined stage by stage during these 5 days.

Gastroenterologists, endoscopists, pathologists and surgeons with an interest in the pathology of the upper alimentary tract can obtain the preliminary program of the 370 questions and all other useful information from the following address:

Michele Liegeon
O.E.S.O.
2 boulevard du Montparnasse
75015 PARIS
Tel.:(1)45.66.91.15

The closing date for the submission of abstracts, originally fixed as February 1st, has been postponed to

April 1st, 1990

(R. Giuli)



Srdjan Cvetko Rakic, M.D.
Institute for Surgery
Belgrade University, YUGOSLAVIA

Jan. 20, 1989 - Apr. 20, 1989

Creighton University, Omaha, NE, USA
Prof. Tom R. DeMeester

MANOMETRIC PATTERNS OF ESOPHAGEAL BODY FUNCTION IN HEALTH AND GASTROESOPHAGEAL REFLUX DISEASE

Creighton University School of Medicine and its Saint Joseph Hospital in Omaha, Nebraska, are located in the midst of the United States but definitely belong to the top of contemporary research of esophageal disorders and their surgical management. Recent evolution of this university to one of the world's leading centers for surgery of the upper digestive tract is indubitably connected to the arrival and promotion of Dr. Tom R. DeMeester for Professor and Chairman of Department of Surgery in 1983. Already known worldwide for his innovative contributions to understanding of lower esophageal sphincter function and principles of antireflux surgery, 24-hour pH monitoring, modified Nissen procedure, etc., Dr. DeMeester further developed his research at Creighton, creating a major school for esophageal surgery at the same time. He found excellent assistants in other staff members and, especially, also distinguished scientist and surgeon, Dr. Ronald A. Hinder. This brief description would not be complete without mentioning research fellows, who traditionally come every year at Creighton from all around the world. They take important part in various research projects under guidance of Dr. DeMeester, Hinder and the other staff members, but given all the liberty for every creative and productive initiative.

Due to the ISDE Scholarship, I joined this team by the end of January, 1989. Lab for esophageal motility and pH studies, endoscopy, radioisotopic studies, experimental surgery, computer center, patients' files, etc. were perfectly organized and just nearby, as well as everything else needed for research. My research was addressed to evaluate the patterns of esophageal body function (EBF) by the means of esophageal manometry in 50 healthy volunteers, and compare them to the same findings in 150 patients with gastroesophageal reflux disease (GERD); the attempt was made to further define the role of esophageal body disturbances in GERD.

Study included the analysis of following parameters of EBF:

1. Wave amplitude
2. Duration
3. Velocity between the channels (peak to peak)
4. Percentage of the simultaneous contractions
5. Clearance (for wet swallows)
6. Percentage of double or multi-peak waves
7. Percentage of the repetitive contractions
8. Percentage of the interrupted contractions and
9. Percentage of the non-transmitted contractions.

The average value of 10 dry and 10 wet swallows was counted for each channel (5). Collected data were written down in the special forms, as well as the data about sex, age, LES characteristics, 24-hour pH reflux score and length of the esophagus.

The furthercoming computer statistical analysis of collected data will probably add a bit to our understanding of GERD and a role of EBF in its pathogenesis.

During my stay in Omaha, I had the opportunity to observe a lot of interesting surgical procedures and also to participate in the other activities of the Department of Surgery. Besides the various types of esophagectomies, reconstructions of the esophagus and other complicated esophageal procedures, I was particularly interested in and had the opportunity to see the transthoracic modification of Nissen funduplication¹ and duodenal switch operation², procedures designed by Dr. DeMeester. All this was a great experience for me, and I hope to apply some of these experiences at my home institution.

I found particularly interesting and educational the swallowing conferences, held routinely every Friday Morning. Complicated swallowing problems were presented and discussed by surgeons, gastroenterologists, neurologists, pathologists, roentgenologists and the other specialists who could add to understanding of the problem, including the research fellows, the integral and valuable part of this multidisciplinary group. The most complicated cases with various swallowing disorders were in this way analyzed from all points of interest, we could learn a lot one from another, agree or disagree, but, after discussion, very often the correct diagnosis was established, as well as the proper treatment instituted. I also enjoyed very much Saturday morning lectures, given by the eminent visiting professors; during my stay at Creighton, I had the opportunity and pleasure to listen to Professors Edward R. Woodward, Martin F. McKneally, Thomas J. Whelan, Jr. and other distinguished guests. After these eminent guests, usually a lecture given by a Creighton staff member proceeded, and for all of us it was very educational end of the working week.

I am grateful and would like to express my deepest appreciation to Dr. DeMeester, Dr. Hinder and complete staff of Department of Surgery for their hospitality, kindness, and everything they did making my I.S.D.E. Scholarship very beneficial and days in Omaha beautiful. I experienced valuable days at Creighton and learned a lot from people whose human, surgical and scientific qualities are to be proud of. I am also happy that I met talented surgeons and found new friends among Creighton research fellows Dr. S.E.A. Attwood (Lancaster, England), Dr. H. Stein (Munich, W-Germany), Dr. S. Cisterino (Rome, Italy), Dr. B.K. Kaul (Trondheim, Norway), Dr. M. Oka (Ube, Japan) and Dr. C.B. Kim (Seoul, Korea). The I.S.D.E. Scholarship gave me this unique opportunity to learn a lot; I am deeply grateful to the Society and proud at the same time that I was one of the I.S.D.E. Scholars.

1. DeMeester TR, Bonavina L, Albertucci M. Nissen funduplication for gastroesophageal reflux disease. *Ann Surg* 1986; 204:9-20.
2. DeMeester TR, Fuchs KH, Ball CS, Albertucci M, Smyrk TC, Marcus JN. Experimental and clinical results with proximal end-to-end duodenojejunosomy for pathologic duodenogastric reflux. *Ann Surg* 1987; 206:414-426.

(S. C. Rakic)

Announcement !!

Dear Colleague;

The Sixth Congress of the Japanese Section of the ISDE will be held in Kurume City, Kyushu, on July 19th, 1990. Topics will include clinical, basic, and scientific aspects of benign and malignant esophageal diseases. In particular, special themes of this congress are 1)"Lymphnode metastasis according to the new TNM classification" and 2)"Postoperative complication". Abstracts will be solicited in the spring of 1990.

The TNM Committee will meet in Kurume on July 18th, and the 36th Congress of the Japanese Section of the International College of Surgeons will meet on July 20th also in Kurume. We are pleased to announce that Professor J.R. Siewert of Technical University of Munich, and Professor A. Duranceau of Hotel-Dieu de Montreal, have agreed to present key-note Special Lectures. Other internationally renowned surgeons are expected to attend. You are accordingly invited to attend and to participate, and we look forward to receiving you in Kurume in July.

With many thanks for your continued kind support.

Congress President
Teruo Kakegawa, M.D., FCCP
Professor and Chairman,
First Department of Surgery,
Kurume University School
of Medicine
67 Asahi-machi, Kurume
Fukuoka 830, JAPAN
Tel 0942-35-3311
Fax 0942-32-6278

Recent Publications

Benign Lesions of the Esophagus and Cancer
By Robert Giuli and R.W. McCallum
Springer-Verlag, 1989

These 210 questions, each one deliberately limited and difficult, mostly concern reflux esophagitis: its natural history, the means of its diagnosis, all existing treatments, and its eventual degeneration.

Those approached are today's most reputed specialists from 27 countries in the fields of epidemiology, gastroenterology, endoscopy, pathology, and surgery of esophageal diseases.

The authors were all assigned one or more questions in their own field, none of which was simple: all did their best to synthesize in their replies their own experience on the precise point under review and included all the most useful bibliographical references on the topic.

This book is thus the result of an original, individual approach to try to pinpoint the heart of a problem. The 210 answers which make it up succeed one another in logical progression according to the different diagnostic and therapeutic stages, specifying, at each step, the degree of precision sought.

Consequently, the reader has an exceptional synthesis of facts and concepts at his disposal. Opening the book at random, to any page, he will find at once a detail he is looking for, the professional opinion he is in need of, or the development of a question he had perhaps not yet asked himself. (Yoshino)

Congress News

* O.E.S.O.

Third International Polydisciplinary
Congress

Site : Paris, France
Date : June 19-23, 1990
President : Prof. David B. Skinner (New York)
 Prof. Rene Lambert (Lyons)
Coordinator : Prof. Robert Giuli
Deadline for subscription : April 1, 1990
 Tel. (1)45.66.91.15
 Fax (1)45.66.50.72
Topic: Primary esophageal motility disorders.
(papers or films)

* 2nd World Week of Professional Updating in Surgery and in Surgical and Oncological Disciplines of the University of Milan

Site : Milan, Italy
Date : July 15-21, 1990
President : Prof. Walter Montorsi

Coordinator : Secretariat
 Clinica Chirurgica III, Univ.
 degli Studi, Via F. Sforza, 35
 20122 Milano, Italy
Deadline for subscription : January 31, 1990
 Tel. (02)55.180.430 - 54.55.714
 Fax (02)54.51.486

* The World Congresses of Gastroenterology 9th Congress of Gastroenterology 7th Congress of Digestive Endoscopy 4th Congress of Colo-proctology

Site : Sydney, Australia
Date : August 26-31, 1990
President: <9th Congress of Gastroenterology>
 Dr. Gabriel S. Nagy
 <7th Congress of Digestive Endoscopy>
 Dr. James D.B. St. John
 <4th Congress of Colo-Proctology>
 Dr. Mark J. Killingback
Coordinator : Secretariat
 P.O. Box 386, St. Leonards
 NSW 2065, Australia
Deadline for subscription : February 16, 1990
 Tel. 61 2 438 4644
 Fax 61 2 439 7546

The Scientific Programme:

Quadrennial Reviews
Working Party Reports
Symposia
Special Lectures

Symposium Topics: Evaluation of Oropharyngeal
Dysfunction, Barrett's Esophagus - Management
Issues, Carcinoma of the Esophagus/Endoscopic
Palliation, Strategies for the Medical Treat-
ment of Esophageal Reflux, Antireflux Surgery
- Success and Failure, Early Cancer of the
Esophagus and Stomach, Video Endoscopy in the
1990's, Endoscopic Ultrasonography

★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
welcome. Please send any such information to the
Secretariat.

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