ISDE NEWS

The International Society for Diseases of the Esophagus No. 8, July. 1st, 1990

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

ISDE ORGANIZATION
PART I : MEET WITH YOUR EXECTIVE COMMITTE MEMBERS
INCUMBENT 13 MEMBERS SERVING A 3 YEARS (1989. 9—1992. 9)

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Chirurgische Klinik der TU Munchen
Klinikum rechts der Isar
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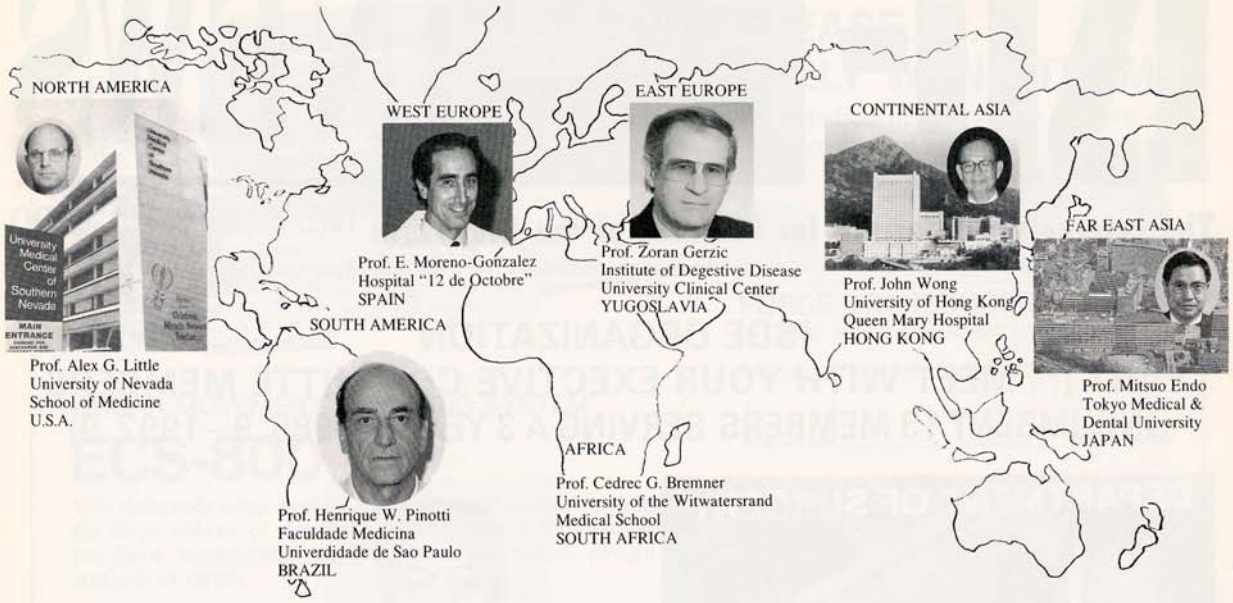
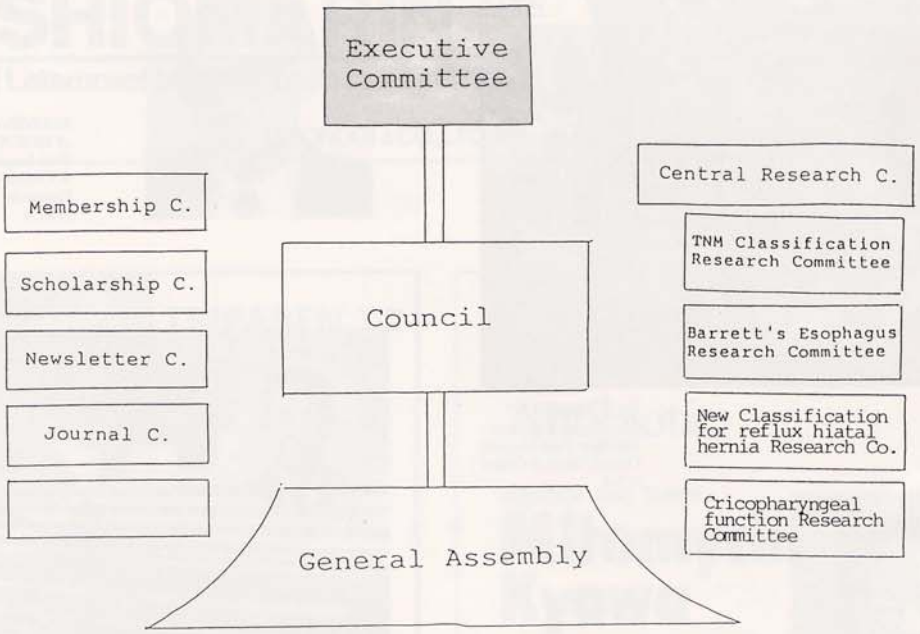


Structure of the ISDE



RECENT ORGANIZATION DEVELOPEMENT

Message from Prof. Stipa, NEW EDITOR IN CHIEF OF JOURNAL

The last Journal Committee meeting was held in Rome on March 24-25, 1990. The following memebers were present: Prof. K. Nabeya, Prof. S. Stipa, Rrof. A. Peracchia, Prof. G. Zannini, Prof. G. Pappalardo, Dr. F. S. Correnti and Dr. P. Trentino were included as Assistant Editors of "Diseases of the Esophagus".

Economical balance of the journal was presented by the Assistant Editors and discussed as the first step. For 1988, 1989 and1990 the situation was satisfactory and all the members agreed on the good obtained results.

Afterwards, Prof. S. Stipa was appointed as the new Editor-in-Chief. Prof. A. Peracchia was added as Associated Editor, together with preexisting Prof. Inokuchi, Siewert and Skinner.

Unanimously, the Committee decided to renew the contract with Masson firm up to the end of 1993.

Prof. Stipa elucidated a program to ameliorate both redactional and scientific aspects of the Journal. Some of the nest issues will contain also selected topics, (achalasia, benign tumors of the esophagus, Barrett's esophagus, gastroesophageal reflux) with famous colleagues as Guest Editors. Prof. Stipa underlined the contribution by all the members of the Society as the basic point to ameliorate the scientific level of the Journal. It is desirable, members to send their original papers to "Diseases of the Esophagus".

Thank you for your cooperation (S. Stipa)

NEWS FROM THE EXECTIVE COMMITTEE MEETING

The first Executive Committee Meeting which consisted of new members was held on March 25, 1990 at the Hotel REGINA BAGLIONI, Rome Italy. The reports given and the resolutions are as follows.

Report(1) Memebership Committee

As of December 31, 1989 total members numbered 625.

Report(2) Scholarship Committee

Eleven applicants applied for 1990 ISDE Scholarship and six persons were approved to study abroad and toal value of $44,500 will be awarded

Report(3) Newsletter Committee

One Executive Committee member suggested that the present Newsletters and Journal might overlap because the present Newsletters include scientific news - such as Research Remarks, Scholarship Reports and so on. It was agreed that the Newsletter will be devoted to more social interests.

Report(4) Journal Committee

Important problems of Journal are following three points - Publisher, Editorial staff and contents.

a)Publisher:

It was decided to stay for three more years with Masson, as the situation at present is satisfactory, although there is room for improvement, and as there is no other better offer.

b)Editorial staff:

In place of the acting Editor-in-Chief Inokuchi, Stipa of Rome University was unanimously elected to this position. It was also decided that Prof. Siewert, Prof. Skinner, Prof. Perrachia and Prof. Inokuchi will take office of the associate editors.

c)Contents:

To improve the quality of the Journal, along with good free papers of high quality, Stipa said some review of special topics will be included in each issue. Two topics "Achalasia" and "Benign Esophageal Tumor" were Committee:

d)Future of the Journal Committe:

Concerning this point there were several opinions, and it was decided that the Journal Committee would be a standing committee of the ISDE.

Report(5) Research Committee

1)TNM Classification Research Committee:

TNM Research Committee actively circulated the revised registraiton form and Executive Committee endorsed those forms.

2)New Classification for Reflux Hiatal Hernia:

The so-called AFP Classification (anatom, function, pathology) was proposed by Matthews and others. At present members of the committee and trying to evaluate the classification at their own institutions and a decision will be made at a later date.

3)Barrett's Esophagus Research Committee and Cricopharyngeal Function Research Committee:

There has been little progress here.

Report(6) Disussion

1)The 5th World Congress of the ISDE:

A description of the preparations was made by Congress President Nabeya.

2)The 6th World Congress - President and site

It was decided it was too early to elect anyone yet, even though the site should be somewhere in Europe. President Siewert suggested that the relationship between the ISDE and the International Surgical Week of SIC should be considered. (N. Ando)

TNM CLASSIFICATION RESEARCH COMMITTEE

Message form Dr. Iizuka, CHAIRMAN OF TNM CLASSIFICATION RESEARCH COMMITTEE

Esophageal cancer was classified and included in the first edition of TNM calassification published by UICC on 1968, and this classification was revised three times and the fourth fully revised edition was published in 1987. In this edition, T was classified according to the depth of invasion, and the regional node included not only mediastinal but also perigastirc lymph nodes. These changes were proposed by Japanese Research Committee based on the data compliled as a nation wide registration of the patients.

ISDE's TNM Classification research Committee was established on July 21, 1988. Propagation of this classification was the main puropse of this research, and examination of its usefulness is another object. So we started collect the patients with esophageal carcinoma for investigation of this classification.

Registration forms were made based on this classification, and the patients treated on 1988 was collected first. The part of the results of colleted patients were presented at the meeting of Research Committee held at Chicago on September 5, 1989. Results showed about 60% of registered patients had positive lymph nodes. This indicated about 60% of patients were in the advanced stage. At that time, Registration forms are said to be too complicated, and new simplified one was presented, and they were approved by members of Research Committee. New forms are printed and distributed for registration of the patients . You can find a new simplified registration forms in separate paper.

Now I am collecting the registration forms of the patients treated on 1988 and 1989 with this simplified forms. I hope many members of ISDE participate the registraiton of the patients. The results of this study will be useful to compare the location of the tumor. Lymph node metastasis, and stage of the patient according to the countries participate to the registration.

The third meeting of Research Committee is going to hold on July 18th, 1990 at Kurume, Japan. New collected data will be shown in this meeting. I am expecting hot discussions at this meeting.

(T. Iizuka)

Para-surgical assitant places the dissected lymph node on a flat schematic map.

HOW TO ACCURATELY RECORD THE DISSECTED LYMPH NODES IN ESOPHAGEAL CANCER SURGERY?

Regarding the status of metastatic lymph nodes in individual operated case according to a predetermined modus operandi is a matter of great importance, but can be considerably troublesome if the procedure is not properly managed, which in turn would lead insufficient records and data. Japanese surgical oncologists have over the years developed the following method for the successful systematic recording the dissected lymph nodes.

The surgery team must be accompained by a para-surgical assistant (Photo). He notes the gross findings or macroscopic appearance indicating presence or absence of metastasis of the lymph nodes according to the remarks by the surgeons as the operation progresses.

Lymph nodes dissected during surgery are individually placed by the para-surgical assistant on a flat schematic illustration map of the esophagus and the related nodes. Nodes from the same location are therefore grouped together on the map. The flat schematic map, on which the lymph nodes are placed, is covered by the gauze soaked with saline solution in order to prevent drying out.

In the next step, para-surgical assistant separtates the lymph nodes from the attached fatty or fibrous tissue, and places them into the 10% formalin containing palstic bottle labbeled with the location number of the lymph node.

The palstic bottles are then delivered to pathology laboratory for the histologic examination (Fig. 1).

(T. Iizuka)

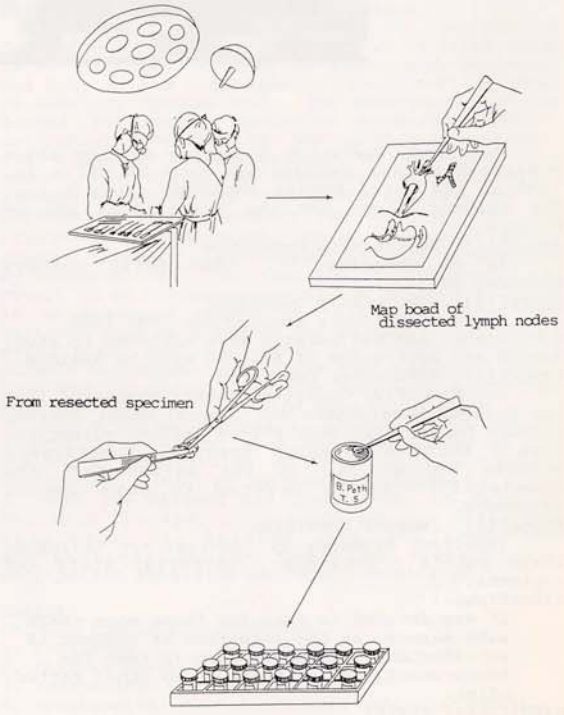


Fig. 1
Modeus operatandi of lymph node sorting

REGIONAL ACTIVITY

P.R.C.

The Second National Congress of the China Anticancer Association on Esophageal Carcinoma, with Professor Yu De Zhang as the President, was held in Shijiazhuang, Hobei Province, on Octo ber 10-13, 1989. Over 380 participants from all over the country attended the Congress, to which 283 original papers, mostly on the etiology, carcinogenesis, cytology, other basic researches, surgery, radiotherapy, chemotherapy, and combination therapy of esophageal carcinoma, were submitted. At the general assembly 25 papers, including that by Dr. Toshiki Matsubara, an invited speaker form Japan, were presented with good attention. A collective review of approximately 24,000 patients with esophageal carcinoma treated surgically from a number of medical centers across the country showed operative mortality rates of around 3% (ranging from 1.5% to 6.9%) and overall 5- and 10-year survival rates of 25%-36% and 17%-21% respectively. A report on the highlights of the Fourth World Congress of the ISDE on Diseases of the Esophagus held in Chicago, USA, in September 1989 was given by Dr. Liang Jun Wang, who and professor Guo Jun Huang were the two thoracic surgeons from China invited to participate in the Congress.

It was decided that the next Congress will be held in 1992, in either Qingdao or Yantai, two of the beautiful seaside resorts, of Shandong Province, with new advances in the etiology, collaboration between basic research and clinical practice, and combination therapy of carcinoma of the esophagus as main themes. (G. J. Huang)

U.S.A.

Three papers of interest to esophageal surgeons were presented at two recent major national surgical meetings in the United States. Dr. DeMeester and his group presented a paper entitled, **"Surgery in the Management of Barrett's Esophagus. "** While the paper itself did not present any major new advnaces regarding the management of Barrett's esophagus, it did reinforce a number of previously held beliefs. Seventy-eight per cent of the 74 patients with the disease who were treated by the authors had significant complications including stricture, ulcer, dysplasia, and carcinoma. Those with benign disease, had a markedly defective sphincter with extremely low pressures coupled with shortening of the high pressure zone. Even more significantly, the contractile features of the lower esophagus were makedly diminished in the symptomatic patients presumably resulting in excessive esophgageal exposure to acid gastric juice. Of interest was the fact that 48 % of the patients had excessive exposure to an alkaline pH. These patients were more likely to develop complications than were those without alkaline reflux. Antireflux surgery was successful in most patiens but as others have noted, the abnormal mucosa and the presence of dysplasia were not favorably affected.

Only 14 patients with adenocarcinoma were considered to have curable surgical lesions and while an actuarial survival of five years of 46% was reported, validity of this statistical calculation is questionable since it is based on an extraordinarily small group of patients. Nonetheless, they concluded that patients with early tumors can be cured by surgical resection emphasizing the importance of close surveillance of patients with Barrett's esophagus.

At the annual meeting of the American Association for Thoracic Surgery held in Toronto, there was an interesting paper presented by Dr. Rice and associates from Cleveland on, **"The use of Esophageal Ultrasound in the Preoperative staging of Carcinoma of the Esophagus."** This is a technique which has not been widely employed in the United States but others on the continent and in Asia have had consideralbe success with its use. This particular report reflected the learning curve of the participants for accuracy in the assessment of both T and N was suboptimal being 59 and 70% respectively. The authors were of the opinion, however, that this rather mediocre result could be improved by further experience and technical improvements in their equipment so that an 85 to 90% accuracy could be achieved. Clearly more experience with the technique is needed in the United States. Dr. Ginsberg of Sloan Kettering mentioned in the discussion, that this technique is assuming increasing importance in the assessment of the stage of the tumor before therapy, particularly now that neoadjuvant therapy is being so widely employed. Only with the use of this technique, can a reasonably accurate preoperative assessment of stage be made and the affect of neoadjuvant therapy on the stage assessed. Those of us in the United States await with interest the presentation of further reports on the technique from this country.

An innovative modification of the transhiatal resection for carcinoma of the esophagus was presented by Dr. Saidi of Teheran a technique which he calls **"the endothoracic endoesophageal pull-through operation."** According to him, it is applicable to lesions at any location and involves resection of the tumor as well as the esophageal mucosa leaving a muscular esophageal tube in place through which the esophageal substitute, either stomach or colon, can be advanced into the neck to facilitate a cervical esophagustrostomly. The discussers of the paper pointed out that the mortality rate and anastomotic leakage rate were somewhat excessive and the three-year survial rate of only 13% suggested that maybe the extent of the resection was being compromised by leaving so much of a muscular tube in place. Another potential hazard of bringing the esophageal substitute through a residual esophageal muscular tube might be impairment of function of the substitute due to spasm of the esophageal muscle. No manometric studies were performed, however, to prove or disprove this potential criticism. (H. Ellis)

U.K.

In the U.K. we already have two forums for discussing exclusively oesophageal topics. The first of these is the British Oesophageal Group, which is a small closed Society with limited membership that has an annual meeting once a year in March for informal discussion of oesophageal topics. Visitors are welcome but have to be introduced by a member.

The second forum is the British Society of Gastroenterology which has recently established an Oesophageal Section for those with this particular interest. At present membership is by joining the B.S.G., but discussions are underway as to whether there can be limited membership of the Oesophageal Section in the future.

Because we already have these organizations, we have not felt it appropriate to establish any separate meeting for U.K. members of the ISDE, but I think we could do quite a lot more to recruit additional members from the U.K.. (H.T. Matthews)

JAPAN

Prof. Kaichi Isono,
Professor and Chairman
2nd Dept. of Surgery
Chiba University

Prof. Komei Nakayama,
Honorary President
of ISDE

The 44th scientific meeting of Japan Society for Esophageal Diseases was held under the chairmanship of Professor Kaichi Isono, Department of Surgery, School of Medicine, Chiba University in Chiba on June 14 and 15, 1990. Six hundred members attended from 145 institutions and discussed the following topics.

Topics 1: Substantial figures of lymph node metastasis and treatment results of the esophageal cancer. This included the metastaticate according to the location and depth of invasion of the cancer, preoperative diagnosis, complications, relapse rate and long-term results. The treatment results of the three field lymph node dissection of neck, mediastinum and abdomen were compared with those of the two-field lymph node dissection of the mediastinum and abdomen.

Topics 2: Special characteristics of multiple development of esophageal carcinoma were discussed.

Topics 3: Cases required reconsideration after esophgeal cancer operation regarding operative procedures, complications, postoperative cares and indications.

The followings were also performed during the meeting.

1. Education corner with the video and movie.
2. Photo-exhibition of new classification of histologic and endoscopic findings.
3. The results of the questionnaire regarding topics 1 collected from the nationwide institutions was shown by Isono, Congress Chairman.
4. Report of new classification of the pathology of the Japanese Guide Lines for Esophgeal Cancer.

The topics described above were extensively discussed during the meeting. Many important points were elucidated and resolved. Thus, new direcations of the future researches were indicated. (K. Isono)

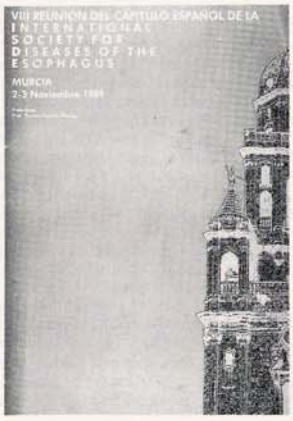
SPAIN

The VIII (yearly) Meeting of the Spanish National Chapter of the ISDE was held in Murcia last November,1989. Since we started our yearly meeting nien years ago, this structure has been well maintained.

In the recent General Assembly of Fellows, excutive members of the Spanish National Chapter were elected as follows (for two years):

President: E. Moreno Gonzalez
Secretary: M. Sans Segarra
Members: P. Parrilla
A. Benages
E. Sierra
J. Lopez Gibert
F. de la Cruz Vigo

As more than two hundred people have attend the Meeting, I am sure that the members of the Spanish Chapter should grow more and more in the near future. I hope that Spain should be considered as the Congress place after the Tokyo Congress. (E. Moreno Gonzalez)



Program of Annual Meeting
of Spain Section of ISDE

FRANCE

The development of Esophageal Surgery in France is in continued progress: already specialized surgical groups like Maillard and Fekete in Paris, Riboud and Fuentes in Marseille, Baulieu in Lyon, Ribet in Lille, Gignoux and Segal in Caen etc. are proceeding with their works and more and more active now centers like Lozach in Brest, Triboulet in Lille, Noiclere in Marscille etc. are coming into view. Interest of scientific societies for this subject is also reinforced :

1/ The Chairman of the Academy of Surgery, members of which meet once a week in Paris, has invited the "European Group for Study of the Esophageal Diseases" (GEEMO) to organize a session in June 1990 fully devoted to the esophageal diseases. The following subjects have been selected: Esophageal carcinoma, esophageal peptic stenosis, diverticula of the thoracic esophagus, carcinoma of the cardia, esophagectomy without thoracotomy and esophagocoloplasty for benign disease.

2/ Durling the French Congress of Surgery, which will be held in Paris form the 2nd to the 5th of October 1990, and which be associated with the first European Congress of Surgery, a whole session will be devoted to the works of the GEEMO, the following subjects will be discussed : Esophageal surgical replacement: technical point of view and functional results.

3/ During the Digestive Surgical Improving Days, organized as each year in the Digestive Surgical Department of Hospital Beaujon (Professor Fekete), under the patronage of the GEEMO and the CICD one day will be devoted to the recent acquisition in benign and malign diseases of the esophagus. (F. Fekete)

SCHOLARSHIP REPORT

Prof. Hakomori,
Univ. of Washington
and G. Shirozu, Kurume Univ.

STUDIES ON THE CHARACTERIZATION OF A MURINE MONOCLONAL ANTIBODY (KYSM-1) TO A CELL SURFACE ANTIGEN ON ESOPHAGEAL CARCINOMA

We produced a murine monoclonal antibody. KYSM-1 (Immunogloblin M) by immunizing mice with esophageal cancer cell line (KE-1) at our Laboratory. KE-1 was derived from a metastatic supraclavicular lymph node of a patient with esophageal squamous cell carcinoma and maintained into BALB/c male nude mice. There are few reports concerning monoclonal antibodies produced by esophageal carcinoma as the immunogen. Interestingly, many monoclonal antibodies against human tumors have recognized a mucin glycoprotein antigen or glycolipid antigen. In this report, the distribution of antigen detected by KYSM-1 were investigated immunohistologically and immunocytologically. The biochemical property of antigen defined by KYSM-1 were also investigated at the Biomembrane Institute.

By Immunohistochemical staing, 43 out of the 53 human esophageal cancer (81.1%) showed a distinguished reaction to KYSM-1. Against to this result, only one of the 5 gastric cancers were positive in this staining, and all of 5 colon cancers and 3 cell lines of adenocarcinoma were negative in staining. In addition. KYSM-1 slightly reacted to the basal cell membrane of non-cancerous esophageal mucosa. On the other hand, fresh-frozen cryostat tissue sections fixed with acetone were stained by KYSM-1, while on reactivity of KYSM-1 was observed in formalin-fixed and paraffin-emedded sections, suggesting that antigenic substances were disrupted by this procedure. By immunostaining on thin-layer chromatography (TLC) plates, glycolipid antigens extracted from gastric cancer, colon cancer and melanoma with isopropanol-hezane-water were not bound by KYSM-1. These findings indicated that an epitope of KYSM-1.

Furthermore, studies on the usefulness of KYSM-1 as a diagnostic tumor marker and on the basic question of protein are in progress at our Laboratory.

Finally, I would like to thank Prof. Senitiroh Hakomori, for giving me this great opportunity to work, leading me in the cancer research. I am also grateful to the ISDE for giving me the opportunity to study in the Biomemebrane Institute and University of Washington, which is the most famous for glycolipid of cancer in the world. (G.Shiirozu)

K. Jadliwala,
Bombay Hospital

I worked for three months in the department of Thoracic Surgery, Hospital Hotel Dieu De Montreal. This is the oldest Hospital in Montreal affiliated to the University of Montreal.

The thoracic surgery is headed by Dr. Andre Duranceau, who is not only the master in his work but also very kind hearted. When I left Bombay for Montreal, I had a lot of apprehension but as soon as I met him, I was at home. Dr. Duranceau has done plenty of pioneeoring work in esophageal motility disorders. He has established a very good esophageal laboratory where endoscopy, mononetry & 24hrs pH monitoring are done.

I used to work in esophageal laboratory learning the techiniques & interpretations of manometry, 24 hrs pH monitoring and endoscopy. The manometry & 24hrs pH monitoring are not done in our country and so I was probably the first to learn them. I also saw and assisted in the various surgeries of the esophagus like total esophagectomy, anti-reflux procedures, cricomyotomy with suspension of the Zenker's diverticulum etc. procedures, cricomyotomy with suspension of the Zenker's Diverticulum etc..

Under the guidance of Dr. Andre Duranceau & Dr. Raymond Taillefer-from Nuclear Medicine department, I undertook two studies which are as follows:

(1) COMPARISION BETWEEN MANOMETRY & RADIONUCLIDE ESOPHAGEAL TRANSIT STUDY (RETS) IN DETECTION OF ESOPHAGEAL MOTILITY DYSFUNCTION.

101 consecutive patients without previous esophageal surgery and with symptoms referable to esophagus, underwent both RETS & esophageal motility studies (EMS) within one month of each other. Analysis of the results revealed that (1) RETS is a useful noninvasive test for screening of patients with symptoms thought to be of esophageal origin.
(2) RETS is useful to quantitate esophageal emptying abnormalities in patients with reflux disease, motor disorders and other conditions affecting esophageal function.

(2) COMPARISION OF SLEEVE & CONVENTIONAL MANOMETRY FINDINGS IN THE ASSESMENT OF UPPER ESOPHGEAL SPHINCTER DISORDERS.

In twenty-four patients with oropharyngeal dysphagia, manometry of the pharynx and upper esophageal sphincter was done using both conventional technique using a triple lumen esophgeal motility tube & Dent sleeve tube.

In pharynx, both the methods gave identical abnormalities but in upper esophgeal sphincter the recorded resting pressure showed a significance difference between both methods with highter pressure recorded by sleeve sensor. Similarly, the pressure gradient between the sphincter during relaxation and upper esophagus was also higher with sleeve than with the conventional method.

Finally I appreciate and than Dr. Andre Duranceau for giving me an opportunity to come to Montreal and share his extensive knowledge with me. It was also very interesting to know from him about this great country and her people. I also thank Dr. Edwin Lafontaine, Associate Thoracic Surgeon, Dr. Raymond Taillefer - Dept. of Nuclear Medicine, Miss Esther Pellerin - Esophageal Laboratory and Mrs. Gisele Bergeron, Secretary to Dr. Duranceau for their help and kindness.

But for ISDE Scholarship, I could not have dreamt of going to Canada at this stage of my career. It is indeed very helpful for youngsters like me to go to renowned centres of the world and gain advanced knowledge in esophageal diseases.
(K.Jadliwala)

CONT. SCHOLARSHIP REPORT

Prof. T. R. DeMeester
and Dr. T. Hirai

NEUROPEPTIDE AND ISOLATED PERFUSED LES PREPARATION SYSTEM

I was greatly pleased to be granted an ISDE Sholarship and thus being able to study in Creighton University. On September 1, 1989, I arrived at Omaha in Nebraska State, a beautiful city in the midwest of USA.

Professor Tom R. DeMeester, Chairman of the Department of Surgery, Medical School of Creighton University, recommended to study the esophageal motility test and 24 hours pH monitoring, and to do the research on the neuropeptide under Dr. Thomas E. Adrian, Professor of Phisiology and cooperating with Professor DeMeester on their research works.

I was very much surprised to see their intensive research works on the esophageal motility test and 24 hours pH monitoring. It was well systematized and computarized. The data obtainted from the patients was analyzed in detail with their own computer program and utilized for the therapy or follow up of the patients with a swallowing disturbance. On Swallowing Conference, held on every Friday morning with physicians, surgeons and pathologists, they used to discuss on patients' swallowing problems with much enthusiasm. I would like to utilize these acquired knowledge on the esophageal motility and 24 hours pH monitoring to improve the quality of life of the patients after the esophagectomy or gastrectomy.

Lower Esophageal Sphincter(LES) is well known to be controlled by many kinds of neuropeptides for example Vasoactive Intestinal Polypeptide (VIP), Substance p, Somatostatin, Bombesin or Neuropeptide-Y (NPY). But their actual action in vivo still remain unknown. Professor Adrian requested to make an isolated organ consisted of the esophago-cardiac area of rabbit. He has a Whole Organ Perfusion Apparatus with which the isolated organ is perfused with Krebs-Ringers bicarbonate solution in which it remains alive for several hours overcomming other infuluences. It was very difficult to make the isolated esophago-cardicac organ and collect the sample from the left gastric vein because the rabbit's tissue, especially the vessel were quite fragile. With various devices, I could completed the isolated esophago-cardiac organ (Isolated Perfused LES Preparation System) and revealed that VIP elevation is stimulated with Carbacol, a fact which nobody knows till now. The system will be expected to contribute to make clear the action of various kinds of neuropeptides in vivo.

The ISDE scholarship made possible to visit USA and provided precious experiences for me. I would like to thank the President of ISDE, Professor Inokuchi, Professor Emeritus of Hiroshima University, Dr. T. Hattori, Professor Tom R. DeMeester, Professor Thomas E. Adrian, and my new friends, the six G. I. fellows in Creighton University.

(T. Hirai)

RESEARCH REMARKS

FUNCTIONAL DISORDERS OF THE LOWER ESOPHAGUS AND CARDIA

—Dr. A. Yasui & Prof. T.R. DeMeester—

The body of the esophagus function as a worm drive propulseive pump, initiated by the pharyngeal phase of swallowing, and is responsible for transmitting a bolus of food from the distal esophagus into the stomach.

Mortility disorders of the esophageal phase of swallowing are due to failure of the esophageal pump and/or valvular functions of the distal esophageal sphincter. They are classified in Table 1.

The manometric abnormalities seen in diffuse esophageal spasm usually occur in the distal two-thirds of the esophagus. The proximal segment is often normal, but as in achalasia, it too may be involved to a lesser degree. In diffuse spasm the response of the distal portion of the body of the esophagus to a single swallow is characterized by the occurence of several non sequential repetitive pressure peaks which may be of abnormally high amplitude and long duration. However,the esophagus usually retains some degree of peristaltic performance, which is not true of achalasia. A minority of patients can show impaired relaxation of the lower esophageal sphincter similar to that seen in achalasia with or without increased sphincter pressure. In most patients the distal esophageal sphincter relaxed completely.

The advant of ambulatory motility has allowed sampling the esophageal contractions over a longer period and during various physiological states of activity. These studies have shown that patients with a disorder of the esophageal phase of swallowing have more difficulty than normal subjects in organizing their esophageal activity into peristaltic waves with increasing states of alerness, i.e. sleep, awake, and focused on eating. A scoring system based on variables of the motility pattern diffentiates patients from normals and quantitates the severity of the disorder. These findings may provide the means to identify with greater specificity and sensitivity primary esophageal motility disorders.

The usual surgical procedure for treatment of dysphagia secondary to achalasia or diffuse spasm is an esophageal myotomy of the distal sphincter and body of the esophagus to just above the level of motility abnormality. The destruction of the distal esophageal sphincter requires that an antireflux procedure of low outflow resistance, i.e. a partial fundopliciation, be performed. The results are better for classical achalasia than diffuse spasm (92 to 77%) mainly because of the diffuculty in diagnosing the latter. In the treatment of esophageal motor disorders there comes a time when improvement can only be achieved by esophagectomy. The question is when should one revert to an esophagectomy as the solution? There is no absolute answer to this question. The decision must be based on the surgeon's individual experience and confidence in constructing a durable esophageal substitute that functions well. From our own experience, the following guidelines have been helpful in making this decision:

1. When previous esophageal procedures to correct a motility disorder have resulted in reflux and subsequent strictruign of the distal eosphagus, extirpation should be seriously considered.
2. When the disease has progressed, in spite of multiple therapeutic procedures, to where the esophagus is dilated and tortuous and contractions in the body are nonexistent, extirpation should be seriously considered.

TABLE1
PRIMARY ESOPHAGEAL DISORDERS
1. Achalasia
2. Diffuse spasm
3. Nonspecific motility disorder
4. Hypotensive lower esophageal sphincter(GERD)

SECOND ESOPHAGEAL DISORDERS
1. Scleroderma
2. Myositis
3. Myathenia gravis

RECENT PUBLICATION

Surgery for Cancer of the Esophagus By Hiroshi Akiyama
Williams & Wilkins, 1990

The author is world famous esophageal surgeon representative of Japan. He was elected Honorary Fellow of the Royal College of Surgeons of England in 1989, as described in the last ISDE News. He has experienced many cases of esophageal cancer and has written intensely and exclusively on the basis of his personal experiences, clinical date and results.

In this book, cancer of the esophagus is divided into three main categories: (1) carcinoma of the thoracic esophageus; (2) carcinoma of the hypophrynx and cervical esophagus (3) carcinoma of the lower esophagus and cardia of gastric origin. The most up-to-date basic operative principles with detailed illustrations and through pathological studies effectively clarify the author's operative methods for the reader in a series of logical steps. Significant description is devoted to the topic of lymph node dissection for radical surgery. The author also referred to esophagectomy without thoracotomy, malignant tumors other than squamous cell carcinoma, multifocal development in cancer of the eophagus, preoperative and postoperative care and surgical strategy and adjuvant therapy.

This work will serve as a textbook for surgeons who intend to operate atraumatically, gently and radically. After finishing the book. one will understand the author's surgical philosophy and will have obtained much information. (K. Yoshino)

CONGRESS NEWS

***COLLEGIUM INTERNATIONAL CHIRURGIATE DIGESTIVAE**

Site: New Delhi, India
Date: Nov. 3-7, 1990
President: M. J. Joshi (India)
Seretariat: 1194/23 Ghole Road,
Pune 411 005,
INDIA
Tel: 212-53698
Fax: 2300-0600 Hrs

***INTERNATIONAL SURGICAL SYMPOSIUM**

Site: Hong Kong
Date: Dec. 14-16, 1990
President: Arthur K.C. Li (Hong Kong)
Coordinator: Secretariat
1990 Wilson TS Wang International
Surgical Symposium
c/o Conference & Exhibition
Department
Swire Travel Ltd.
Suite 504-5 South Tower
World Finance Centre
Habour City, Kowloon
Hong Kong
Tel: 735-0033
Fax: 735-0202
Deadline for abstructs: July 31, 1990
Topics: Oesophageal Cancer
Gastric Cancer
Peptic Ulceration
Head and Neck Trauma and Reconstruction
Orthopaedic Injures
Chest and Abdominal Injuries

***European Congress of Surgery**

Site: Paris, France
Date: Oct. 2-5, 1990

***ASIAN SURGICAL ASSOCIATION, 8TH CONGRESS**

Site: Fukuoka, Japan
Date: Mar. 10-13, 1991
President: Dr. Fumio Nakayama

***INTERNATIONAL COLLEGE OF SURGEONS (17TH EUROPEAN FEDERATION CONGRESS)**

Site: Amsterdam, Holland
Date: June 23-26, 1991
President: Dr. H. W. R. Siebbeles
Deadline:
Topics: Education and training
Surgical nutrition
Gastro-intestinal surgery
Surgical oncology
etc.

NEXT WORLD CONGRESS of ISDE

THE FIFTH WORLD CONGRESS OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS

Date: August 5-8, 1992 (Wed.-Sat.)
Site: Kyoto International Conference Hall
Kyoto, JAPAN

Congress Chairman: Kin-ichi Nabeya
Professor of the Second
Department of Surgery
Kyorin University Sch. of Med.

Congress Office: Kyorin University Sch. of Med.
6-20-2 Shinkawa, Mitaka-shi
Tokyo 181, JAPAN
Tel: 0422-47-5511(ext. 2603)
0422-45-3527(direct)
Fax: 0422-44-3576

The first circular is scheduled to be distributed this autumn. Many participants are anticipated.

★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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