

# ISDE



# NEWS

**The International Society for Diseases of the Esophagus** No. 9, FEB. 1st, 1991

Secretariat : ISDE Office Tokyo Women's Medical College 8-1 Kawadacho Shinjuku-ku Tokyo 162, Japan Tokyo 03 (3353) 8111

## ISDE ORGANIZATION PART II: MEET YOUR MEMBERSHIP COMMITTEE MEMBERS 10 INCUMBENT MEMBERS SERVING FROM 1989 TO 1992



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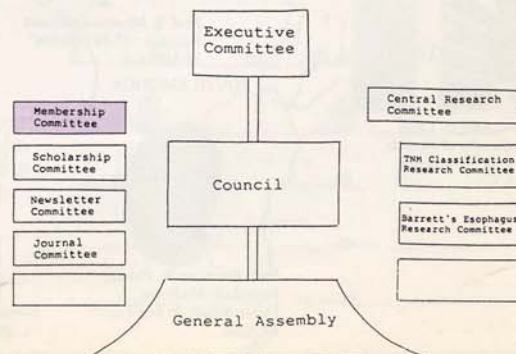


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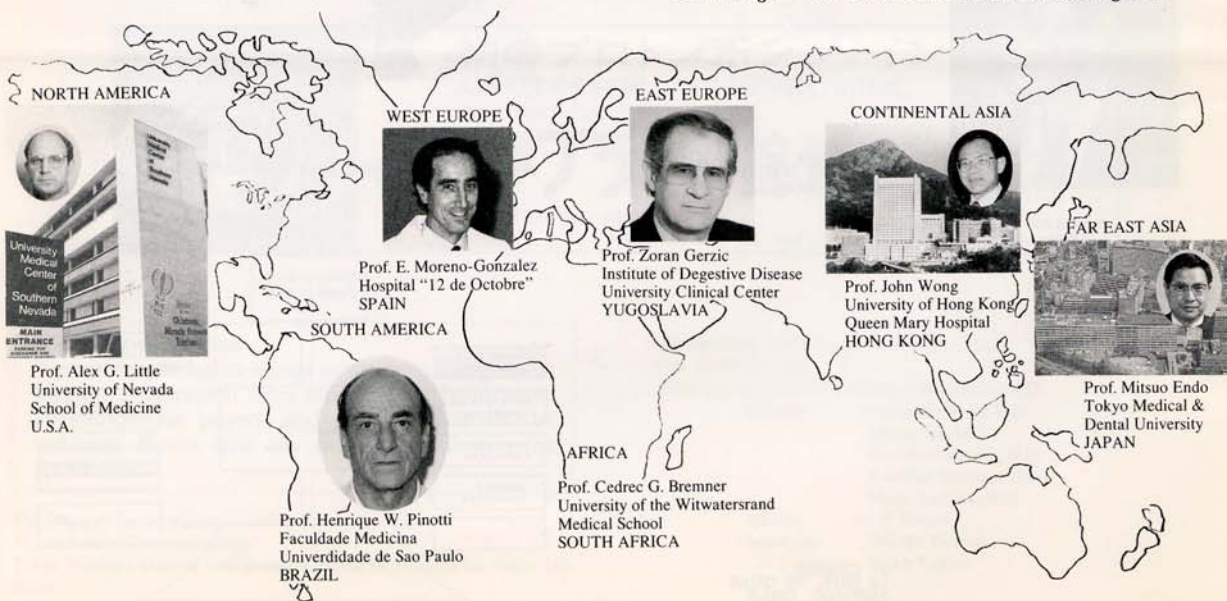


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## FEDERATION CHAIRMEN

### AN APOLOGY

On the previous ISDE News letter (No. 8 July 1st, 1990), a different portrait was published instead of Prof. Wong (Federation Chairman of Continental Asia). We would like to offer our sincere apologies and print the portraits of Prof. Wong and other Federation chairmen once again.





## FIRST NEW ACTIVE PLAN !!

J. R. Siewert  
President of  
the I S D E

The 34th World Congress of Surgery of the ISS/SIC and the 12th World Congress of CICD organized as "INTERNATIONAL SURGICAL WEEK" which will be held in Stockholm, Sweden, from August 25-31, 1991. During this International Surgical Week, an official ISDE panel on "More or less radical surgery in esophageal cancer" will take place on August 26, Main Session, 14:00 - 15:30 hours.

The program of this panel will be the following:

More or less radical surgery in esophageal cancer

Moderators: J. R. Siewert  
K. Inokuchi

Introduction:

- Prognostic factors in esophageal carcinoma (J. R. Siewert)
- Arguments for more radical procedures (D. B. Skinner)
  - How to do it - mediastinal lymphadenectomy (H. Akiyama)
  - What is an adequate lymphadenectomy? (A. Peracchia)
  - How to analyze the specimen? (T. Kakegawa)
  - Arguments for less radical procedures (F. Fekete)
  - How to do it - transhiatal esophagectomy? (H. W. Pinotti)
  - Who benefits from a less radical procedure? (J. Wong)

Closing remarks: K. Inokuchi

The 34th World Congress of Surgery of the ISS/SIC and  
the 12th World Congress of CICD  
organized as  
**INTERNATIONAL SURGICAL WEEK**  
Stockholm, Sweden, August 25-31, 1991

### INVITATION PROGRAM



## FIFTH WORLD CONGRESS OF ISDE



It gives me great pleasure to be able to announce that the V World Congress of the International Society for Diseases of the Esophagus will be held at the Kyoto International conference Hall in 1992, August 5-8. Original papers on every aspect of esophageal diseases are anticipated. The congress venue is quite spacious and together with oral presentations, plans for poster presentations are now in progress. From 794 to 1886, Kyoto was the capital of Japan and she was the center of Japanese civilization for more than ten centuries. There are numerous shrines and temples in Kyoto and her historic sights attract people from every corner of the world. With full cooperation of its members, the Japan Section of ISDE has formed an organizing committee and this is now making preparations for a congress that will provide satisfaction for each and every member throughout the world. We sincerely hope that many will take part in the congress.

Kin-ichi Nabeya, M.D.  
Congerss President

Secretariat:

Second Department of Surgery  
Kyorin University School of Medicine  
Shinkawa, Mitaka-shi  
Tokyo 181, Japan  
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### 34th World Congress of Surgery of the

- International Society of Surgery  
Société Internationale de Chirurgie ISS/SIC
- International Association of Endocrine Surgeons IAES
- International Association for the Surgery of Trauma  
and Surgical Intensive Care IATSIC

### and 12th World Congress of the

- Collegium Internationale Chirurgiae Digestivae CICD

### International Surgical Week 1991 in Stockholm, August 25-31, 1991

co-sponsored by the 45th Congress of the

- Scandinavian Surgical Society SSS
- and with the following Societies participating
- European Society of Surgical Research ESSR
  - International Confederation of Plastic and  
Reconstructive Microsurgery IPRS
  - International Federation of Surgical Colleges IFSC
  - International Federation for Societies of Surgery  
of the Hand IFSSH
  - International Hepato-Biliary-Pancreatic Association IHBPA
  - International Society for Burn Injuries ISBI
  - International Society for Diseases of the Esophagus ISDE
  - International Society of Reconstructive Microsurgery ISRM
  - Scandinavian Association of Paediatric Surgeons SAPS
  - Surgical Infection Society SIS
  - Swedish Society of Plastic Surgeons SSPS
  - Swedish Society for Surgery of the Hand SSSH
  - World Federation of Paediatric Surgeons WOFAPS



## REGIONAL ACTIVITY

### GERMANY



From June 25 to 26, 1990 a Joint Meeting between the German Society for Surgery and the Japanese Surgical Society was held in Rottach - Egern / Teqernsee near Munich.

The aim of this meeting was to renew the long tradition of German-Japanese cooperation within the field of surgery and to let old friendships revive. Many representatives of the ISDE from Japan and Germany were present during this meeting. The topics of the first day of the scientific program comprised especially cancer of the esophagus, the cardia and the stomach. During these sessions, special lectures were given by different representatives of the ISDE, such as S. Mori from Sendai, M. Fujimaki from Toyama, M. Endo from Tokyo and A. H. Hoelscher from Munich. The round-table discussion about esophageal cancer was moderated by J. R. Siewert from Munich and dealt especially with epidemiological differences between Japan and Germany. Future diverse aspects of surgical technique and the reasons for different results in both countries have been extensively discussed. The meeting was surrounded by a social program with special Bavarian highlights, which gave the opportunity to continue the international exchange of thoughts. (A.H.Hoelscher)

### U.S.A.



At the Interim Meeting of the Society of Thoracic Surgeons held in Chicago, Illinois September 21-23, 1990 a few papers addressed problems related to the management of esophageal disease. Dr. F. Henry Ellis, Jr., a former member of the Lahey Clinic, and currently a member of the Harvard-Deaconess Division of Cardiothoracic Surgery at the New England Deaconess Hospital, Boston, MA summarized his views of the current management of Barrett's esophagus. In doing so, he summarized work done by his colleagues Drs. Warren Williamson and John Streitz, emphasizing that the true incidence of the disease is unknown because many patients go undiagnosed during life. On the basis of 241 patients diagnosed by endoscopic biopsy seen at the Lahey Clinic from 1973-1989, 65 of whom had cancer, a prevalence rate of 27%, disclosed that among the 176 benign cases followed endoscopically, the true incidence of malignant degeneration was 1 patient per 99 follow-up years, a risk approximately 75 times that seen in a matched series of individuals without Barrett's mucosa.

The effect of antireflux surgery on some of these patients was evaluated and since no case exhibited complete regression of the abnormal epithelium, and because carcinoma developed in three patients successfully treated by antireflux surgery, his group concluded that the indications for antireflux surgery in Barrett's esophagus are similar to other patients with gastroesophageal

reflux disease, the major exception being patients with endoscopic diagnosis of severe dysplasia. Such patients should undergo resection because of the frequent transition of severe dysplasia into either carcinoma insitu or invasive carcinoma.

Dr. Joseph Miller of Emory University in Atlanta Georgia summarized his group's experience with neo-adjuvant therapy for squamous cell carcinoma of the esophagus employing platinum and 5FU pre-operatively. There were 42 patients involved, one of whom succumbed to chemotherapy before surgery and another died as a result of operation. Actuarial five year survival figures disclosed a 31% five year survival rate, which is better than what they had been able to achieve before with surgery alone. Clearly a prospective randomized controlled study comparing the results of surgery with neo-adjuvant therapy plus surgery alone needs to be done.

Dr. Mark Orringer, in his discussion of esophageal diverticula, reemphasized the frequent association of an underlying motility disorder requiring esophagomyotomy for most of these patients. Finally, Dr. Mark Ferguson of the University of Chicago reiterated again his group's preference for an associated antireflux procedure when performing an esophagomyotomy for achalasia. Their technique, which involves complete mobilization of the esophagogastric junctional area with division of all the supporting tissues around the esophagogastric junction, of course requires such a combined procedure in order to prevent post-operative reflux esophagitis. (F. Henry Ellis, Jr.)

### SPAIN



On 8th Nov. 1990 was held a meeting of the Spanish Chapter from the I.S.D.E. in Madrid. The President was Santiago Tamames, M.D. Also present were the European and Spanish representatives E. Moreno, M.D. and J. Curto Cardus, M.D.

The meeting was contained within the XVIII National Congress of Surgery, and there were many participants.

A round table about "Reflux oesophagitis" was held and a guest lecture on "Pharmacokinetics of anti H2 agents".

(J. Curto Cardus, M.D.)



## XVIII CONGRESO NACIONAL DE CIRUGIA

ASOCIACION ESPAÑOLA DE CIRUJANOS  
IX REUNION DEL CAPITULO ESPAÑOL DE LA I. S. D. E.

EL REFLUJO GASTRO-ESOFAGICO  
ESTADO ACTUAL

8 de NOVIEMBRE de 1990



## PARTICIPATED AT THE 15 TH UICC

- UICC -

Fifteenth International Cancer Congress was held at Hamburg, on August 16-22, 1990. Though it was August, the weather was cool and sometimes it became cold when it rained. Hamburg is a beautiful city located around a large lake called the Binnensee.

There were 30 meeting places for plenary lectures, special lectures, symposia, satellite symposia, round table discussions, panel discussions, workshops and poster sessions. Round table discussion of "TNM classification : The new edition" was held on August 17, chaired by Dr. P. Harmanek and F. Badellino. Dr. L. H. Sobin, chief editor of the TNM classification, stated that the new edition has resolved all previous differences between the UICC and AJCC (American Joint Committee) versions. Major changes include: eliminating the surgical-evaluative classification; revising clinical classification of esophageal and gastric cancer to reflect depth of invasion rather than size or topographic distribution. Dr. H. Ichikawa presented many X-ray films showing early carcinoma of the esophagus, stomach, and colon. He stressed the significance of detection of early carcinoma, cancer limited to the mucosa and/or submucosa, which is connected to a better prognosis. Dr. Hutter stated that clinical and pathological staging are both important, and one does not replace the other.

A Symposium "Clinical management of cancer of the esophagus" was chaired by Dr. J. A. Roth and Dr. K. Moghissi on August 17. Dr. J.R. Siewert presented a paper "Operative therapy on patients with adenocarcinomas of the esophagus. He reported that the number of adenocarcinoma of the esophagus from Barrett's esophagus is increasing in West Germany, and early carcinoma was found during the follow-up of the patients of Barrett's esophagus. Dr. P. B. Desai talked about predictive criteria for appropriate primary treatment strategy for cancer of the esophagus. He said that proliferative non-infiltrating cancers well respond well to radiotherapy or chemotherapy, whereas the infiltrative, stenotic and fibrotic cancers will respond poorly to radiation or drugs. Dr. K. Sugimachi presented a paper "Long-term effects of hyperthermia combined with chemotherapy and irradiation for treatment of patients with carcinoma of the esophagus", and stated the efficacy of this treatment, but also talked about the necessity of randomized trials for evaluation of this method, and he already started such a trial.

I presented a paper "New TNM classification for esophageal carcinoma, an international study of its clinical applications" in a poster session on August 18. This was the result of the TNM Classification Research Committee of ISDE, which started in July, 1988. Registered Patients were 870 cases from 4 countries in 1988, and 1,334 cases from 7 countries in 1989. Dr. R. V. P. Hutter commented that this study is very important for the world-wide propagation of this classification. (T. Iizuka)

## CONT. REGIONAL ACTIVITY

### ITALY

The Italian Representatives of the ISDE, Prof. Zannini, Prof. A. Peracchia, Prof. S. Stipa and Secretariat and Treasurer of the Italian Section of ISDE, Prof. A. Del Genio and Prof. R. Bardini, respectively, met together in Rome last October during the Italian Society of Surgery Congress. First of all the updated situation of the Italian Members was considered and it was nice to realize that the Italian Members Group is the largest after the Japanese one. Nevertheless during the same Congress other colleagues were invited to present application forms to become Member during the next World ISDE Congress in Kyoto. Then it was planned to organize the first Congress of the Italian Section of the ISDE, which will be held in Venice on March 12-14, 1992. Esophageal cancer and esophageal motility disorders will be the main topics. Prof. J.R. Siewert, President of the ISDE, Prof. K. Nabeya, Chairman of the next World ISDE Congress and Prof. E. Moreno Gonzales, Chairman of the Western European ISDE Federation have already been invited as honoured guests. During this Congress the largest Group of Italian Members to attend the World ISDE Congress in Kyoto will be organized. (Alberto Peracchia)



**I CONGRESSO  
DEL CAPITULO  
ITALIANO ISDE**

**VENEZIA 12-14 MARZO 92**



### IRELAND

J. Collins and G. O'Sullivan and other colleagues of University College Cork, presented their work on the characteristics of cell lines from human squamous carcinomas of the oesophagus at the I.S.D.E. Meeting in Chicago. They also presented evidence that oesophageal tumour caused lymphocyte suppression inhibiting both B & T lymphocytes. The inhibitor blocks IL2 secretion and LAK cell formation. Debulking therapy may be useful in removing this tumour-derived immuno-suppression.

T. Hennessy and his colleagues at Trinity College Dublin have proposed a new lower oesophageal sphincter function index derived from measurements of lower oesophageal sphincter pressure, the length of the sphincter in the abdomen and its overall length. They suggest that it provides better discrimination than LOSP or sphincter length alone.

In another communication to the Surgical Research Society of Great Britain and Ireland they describe a new assessment of oesophageal body function in which oesophageal function is studied while eating a standard meal and the cumulative area under the pressure wave per minute is calculated taking the preprandial end expiratory pressure as a baseline. Patients with achalasia and nutcracker oesophagus demonstrate high pressure when compared with normal subjects. Post-myotomy patients demonstrated pressure within the normal range. Benign strictures demonstrated normal pressures.

The enclosed photograph shows Professor T. Hennessy receiving the Honorary Fellowship of the Royal College of Surgeons of England from the President, Mr. Terence English. (Thomas P. J. Hennessy)



## YUGOSLAVIA

Thank you for your letter of November 20, 1990. On November 1990 a meeting was held in Belgrade on the "Role of lymphadenectomy in the treatment of malignancies". We had the honor to host the President of ISDE, Prof. J. R. Siewert, who reported on the "Role of lymphadenectomy in the treatment of gastric cancer", while my associates and I reported on the role of lymphadenectomy in the treatment of 1/ cancer of the esophagus, and 2/ cardia as well. Do not mind me stating that the meeting was on the highest level and that all the reports will be published in the supplement of Acta Chirurgica Iugoslavica by the beginning of 1991. This was also a nice opportunity to give Professor Siewert a special diploma for being elected for a "Member of Honor of Medical Academy of Serbian Medical Association".

We plan to organize a meeting of the Eastern Federation of the ISDE on September 26-27, 1991 in Belgrade and we expect the members of our society from Romania, Bulgaria, Hungary, Czechoslovakia, USSR, Poland and Yugoslavia as well to attend this meeting. The main topic will be "Reconstruction of the esophagus" as the experience with this problem in these areas is quite extensive. I would be deeply grateful if you announce in the ISDE Newsletter that those interested in participating should contact.

Zoran Gerzic, M.D.  
Professor of Surgery  
Institute of Digestive Diseases  
Belgrade University Clinica Center  
Ulica Dr. Koste Todorovica 6  
Belgrade 11000 Yugoslavia  
/Fax 38/11 646 998, Tel 38/11/ 643 070

non after March 31, 1991. Besides the high quality scientific and social program, we are in contact with some leading esophageal surgeons and expect them to confirm their participation at the meeting as well. All the reports presented at the meeting will be also published in Acta Chirurgica Iugoslavica.

I am looking forward to hearing from you.  
With my best regards, I remain

Sincerely yours,  
Zoran Gerzic, M.D.

## U.K.

### British National Section

Disorders of the oesophagus and their treatment are a major interest of many British gastroenterologists and surgeons. Indeed the oesophageal section of the British Society of Gastroenterology is one of the largest sections of this large national society. The oesophagus is also regularly discussed at major meetings of the Association of Surgeons of Great Britain and Ireland, The Surgical Research Society and at meetings of Thoracic Surgeons. Because of this range of meetings for presentation of results and exchange of views, the ISDE Section itself is seen as a forum for International rather than National communication.

In the last few months there have been major symposia on the diagnosis of chest pain (British Society of Gastroenterology) and oesophageal cancer (The British Society of Surgical Oncology). There was an extremely good range of oesophageal papers at the Autumn meeting of the British Society of Gastroenterology with much new information on the management of gastroesophageal reflux, Barrett's oesophagus and oesophageal cancer.

A major new National initiative for the treatment of oesophageal cancer will begin in 1991 in the form of a multi-centre study of pre-operative chemotherapy under the direction of the Medical Research Council.  
( J. Bancewicz )

## JAPAN



Activities of the Japanese Section of ISDE in 1990

The highlight of this year's activities was the Sixth Congress of the Japanese Section of the International Society for Diseases of the Esophagus held in Kurume, Kyushu on July 19 under the chairmanship of Prof. Teruo Kakegawa, the First Dept. of Surgery, Kurume University School of Medicine. Over 300 surgeons and physicians from all over Japan gathered for a very informative day.

The two special themes for the 25 oral presentations were "Lymph node metastasis according to the new classification of the TNM Research Committee," and "Postoperative complications". In addition, there were twelve poster sessions. In the Asian Current Topics session, Prof. P.B. Desai of the Tata Memorial Center, Bombay, India presented a lecture entitled: Predictive criteria for appropriate primary treatment strategy for cancer of the esophagus, and Prof. A. Duranceau of the University of Montreal, Montreal, Canada gave an invited lecture on motor disorders of the esophagus.

Active discussion was greatly facilitated by the moderators of those sessions: Professors Mori, Iizuka, Duranceau, Idezuki, Siewert, Motoki, Muto, Akiyama, Bardini, Lerut, Isono, Mitumi, Sugimachi, Uchida, and Kodama.

The Executive Committee of the Japanese section of ISDE decided to inaugurate research committees on the following: 1) Studies on benign esophageal diseases (Chairman, Prof. Mitsuo Endo, Co-chairman, Prof. Teruaki Aoki); 2) Epidemiology of esophageal cancer with special reference to Asian countries (Chairman, Dr. Kunio Aoki, Co-chairman, Prof. Kaichii Isono); 3) Detection of malignant factors of the esophageal cancer and the correlation between the factors and the prognosis (Chairman, Prof. Shozo Mori, Co-chairman, Prof. Masao Fujimaki); 4) Evaluation of extended lymphadenectomy (Chairman, Prof. Teruo Kakegawa, Co-chairman, Prof. Hiroshi Akiyama, Consultant, Dr. Toshifumi Iizuka)

The Seventh Congress of the Japanese section of ISDE will be held under the chairmanship of Dr. Iizuka, Director of National Ohji Hospital on September 20, 1991 at the Japanese National Cancer Institute in Tokyo. The tentative special theme is "Roles of chemotherapy for cancer of the esophagus". (Tetsuro Nishihira, Teruo Kakegawa)



## SCHOLARSHIP REPORT



Shashank R. Shinde, M.D.  
Tata Memorial Hospital  
Bombay, INDIA

May 28, 1989 - Aug. 13, 1989

Kurume University School of Medicine  
Kurume, JAPAN  
Prof. Teruo Kakegawa

### EFFECT OF PRESERVATION OF BRONCHIAL ARTERY AND PULMONARY BRANCHES OF THE VAGUS NERVE ON POST OPERATIVE RESPIRATORY COMPLICATIONS IN SURGERY FOR OESOPHAGEAL CANCER

At the outset, I would like to thank, the ISDE for granting me the Fellowship to study the post-operative complications of Radical Surgery for oesophageal cancer. During my stay at Kurume University, I had wide exposure to various technical details in radical oesophagectomy for oesophageal cancer. Since I had already undergone training in surgical technique of oesophagectomy with mediastinal lymphadenectomy, I decided to concentrate mainly on the post-operative respiratory complications.

The factors commonly blamed for post-operative respiratory complications are:

1. Impaired lymphatic drainage
2. Increased extra vascular lung water (EVLW)
3. Diminished lung compliance
4. Increased pulmonary resistance
5. Micro-atelectasis
6. Cardio-vascular instability
7. Chemical mediators and
8. Extent of surgery

Various monitoring systems including Swan-Ganz catheters are used to monitor the patient. Use of ventilators has helped in stabilising the gas exchange function of the lung. However, one of the most important aspects "mucociliary clearance" has not been considered so far. Hence, I decided to study the effect of preservation of the bronchial artery and pulmonary branches of vagus nerve on post operative respiratory complications. During the period from 1st July, 1989 to 31st July, 1989, 47 patients underwent standard radical dissection with or without supraclavicular node dissection. Patients undergoing all other procedures have not been included in the study. Out of 47 patients, 27 patients underwent standard radical dissection (SRD) and 20 patients underwent extended radical dissection (ERD). Every patient post-operatively was managed in a similar fashion, i.e., mandatory post-operatively was managed the similar fashion, i.e., mandatory post-operative ventilation, monitoring of the I.V. fluids and repeated endo-bronchial suctioning to clear endo bronchial secretions. chest X-ray, arterial blood gases and routine biochemical investigations were performed daily. Fiberoptic bronchoscopy was performed and findings noted every day. Respiratory complications in the form of atelectasis, pneumonitis pulmonary oedema, ARDS and aspiration were noted. Incidence of tracheostomy was also recorded. Overall complications are listed in Table No.1. The patients were divided into 2 groups: (a) with preservation of bronchial artery and pulmonary branches of vegus nerve and (b) without preservation of bronchial artery and pulmonary branches of vegus nerve.

The complications were estimated in these groups. Out of 33 patients in the preserved group pneumonitis and pulmonary oedema were seen in 45% and 3% respectively while bronchial ulceration was noted in only 6% patients. On the other hand, in the non-preserved group the incidence of pneumonitis was as high as 72%. Pulmonary oedema occurred in 36% and 3% of the patients. 92% of

the patients had aspiration. The effect of bronchial ulceration on pulmonary complications is depicted in Table No.2. It is quite evident that pneumonitis and pulmonary oedema are significantly higher in patients who develop ulceration after bronchial artery ligation.

Ligation of the bronchial artery leads to mucosal ischemia, oedema, desquamation, ulceration and necrosis. These changes certainly lead to an impaired mucociliary clearance resulting in various forms of pneumonitis. This results in increased duration of post-operative ventilatory support and subsequent problems.

The presence of a neurologically well controlled tracheo-bronchial tree is an essential aspect of proper mucociliary clearance of tracheo-bronchial tree. A normal tracheo-bronchial tree is the result of the balanced neurologic control of cholinergic fibres; adrenergic fibres, non-adrenergic non-cholinergic inhibitory fibres, non-cholinergic excitatory fibres. Out of the 4 types of fibres except the adrenergic fibres, all fibres reach the bronchus via pulmonary branches of the vagus nerve. Division/injury of these fibres results in impaired balance of the bronchial tree. However, there are no bed-side, clinically applicable tests to determine the extent of quantitative changes produced by division of the nerves. However, incidence of pneumonitis and aspiration due to diminished or altered cough reflex is a good indicator. As seen from the Table, the incidence appears to be high in the non preserved group.

Since the normal, well nourished, tracheo-bronchial tree under a balanced neurogenic control is essential for good tracheo-bronchial clearance, the contribution of each factor individually cannot be separately studied. The available methods of maintaining a proper ventilation along with a well supported cardiovascular system can result in adequate oxygenation of patient. But adequate clearance of the respiratory secretions which depends on proper nourishment and balanced nerve supply cannot be maintained, by any of the supporting gadgets. Hence, I conclude that it is essential to maintain the blood supply to the tracheo-bronchial tree along with the nerve supply.

This important factor needs to be adequately considered especially when more and more extensive dissection is undertaken with the aim to improve the survival results of cancer oesophagus patients.

It was Prof. Kakegawa's constant encouragement, Dr. Fujita's ever willingness to help me both inside and outside the Institute and Dr. Yamana's assistance all throughout my stay which has made this study possible. For their kind help and guidance I will always remain grateful.

Table 1  
COMPLICATIONS

	Preserved (33)		Not Preserved (14)	
	N	%	N	%
ULCER	2	6	5	35
ATELECTASIS	15	45	8	58
PNEUMONITIS	15	45	10	72
PULM EDEMA	1	3	5	35
A R D S	0	0	1	7
VENT. SUPPORT	6 days		8.5 days	
ASPIRATION	16	50	13	92
TRACHEOSTOMY	6	18	5	36

Table 2

### EFFECT OF ULCERATION

	Ulcer + (5)		Ulcer - (9)	
	N	%	N	%
ATELECTASIS	4	80	4	44
PNEUMONITIS	5	100	5	55
PULM.EDEMA	4	80	4	44
A R D S	0		1	11
VENT. SUPPORT	8.6 days		7 days	
ASPIRATION	5	100	8	88
TRACHEOSTOMY	2	40	3	33



## CONT. SCHOLARSHIP REPORT



Nobutoshi Ando, M.D.  
Dept. of Surgery, School of Medicine,  
Keio University, Japan

Aug. 30, 1989 - Oct. 11, 1989

Professor Mark B. Orringer  
Section of Thoracic Surgery,  
University of Michigan, USA

Multi-modality therapy applying transhiatal  
esophagectomy for esophageal cancer

I could have the opportunity to learn and feel Dr. Orringer's view and passion on esophageal surgery supported by the ISDE Visiting Scholarship.

I stayed in the University of Michigan Hospital during the period from Aug. 30 to Oct. 11 excluding the term for participation in the 4th World Congress of the ISDE in Chicago. University of Michigan Medical Center is located in a beautiful college town, Ann Arbor. Dr. Orringer is the sec-

tion head of Thoracic Surgery and is practically in charge of general thoracic surgery. During my stay in Ann Arbor Dr. Orringer performed many cases of esophageal surgery energetically such as five cases of transhiatal esophagectomy without thoracotomy, two cases of Collins-Nissen reconstruction of the esophagogastric junction and one case of diverticulectomy for a Zenker diverticulum.

Dr. Orringer has performed more than 500 cases of transhiatal esophagectomy and is famous for his strategy against esophageal cancer utilizing the technique of transhiatal esophagectomy. His initial enthusiasm to utilize the technique of transhiatal esophagectomy was to make the magnitude of surgery less invasive and to reduce the mortality of esophageal resection. However the criticism that transhiatal esophagectomy denies the patients with esophageal cancer the chance for potential cure centers around the appropriateness of this surgery for patients with esophageal cancer. I was impressed tremendously that Dr. Orringer's view and strategy has changed from efficient palliation to the achievement of long-term survival applying multi-modality therapy for esophageal cancer. He introduced cisplatin, vinblastin and 5-FU chemotherapy concurrent with 45 Gy radiation therapy prior to transhiatal esophagectomy. Cumulative survival is astonishing, 60% at 2 years and 46% at 3 years. Based on this encouraging result, Dr. Orringer is progressing to a randomized prospective trial.

I cannot express my thanks sufficiently for Dr. Orringer's thoughtful kindness and guidance during my stay in the University of Michigan Hospital. Finally I would like to thank Immediate Past President and Secretary General of the ISDE, Professor Kiyoshi Inokuchi for giving me such a wonderful chance.

## RECENT PUBLICATION

"Diseases of the esophagus"  
Editors: M. K. Ferguson, M.D., A. G. Little, M.D.,  
and D. B. Skinner, M.D.

Futura Publishing Company, 1990

This book is made up of chapters based on presentations at the Fourth World Congress of the International Society for Diseases of the Esophagus held in Chicago, Illinois. The authors represent the highest level of clinical and scientific accomplishment from around the world.

Covering both benign and malignant diseases in two volumes, these books are intended for those with a working knowledge of the field and who wish an update on issues at the forefront of current practice. The chapters are divided into sections, for which the editors have written overviews to provide a contextual setting for the material. Most readers will find certain sections particularly pertinent, using the remaining sections as a source of up-to-date reference material. (K. Yoshino)

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The 17th European Federation Congress of the ICS

Site : Amsterdam, Netherland  
Date : June 23-26, 1991  
Congress President : H.W.R. Siebbeles  
Chairman : R. van Schilfgaard

Topic:

Education and training,	Surgical nutrition
Gastro-intestinal surgery	Surgical oncology
Hepato-biliary surgery	Thoracic surgery
Intensive care	Transplantation
Orthopedic surgery	Traumatology
Pediatric surgery	Urology
Plastic and reconstructive surgery	
Vascular surgery	Surgical infections

## CONGRESS NEWS

Regional Meetings of several sections of the ISDE

The Annual Meeting of the Japan Section of the ISDE

Site : Tokyo, National Cancer Center  
Date : September 20, 1991  
President : Dr. Toshifumi Iizuka  
Topic: Roles of chemotherapy for cancer of the esophagus  
Special guest: Laurence P. Leichman, M.D.  
Associate Professor of  
Internal Medicine  
University of Southern  
California (U.S.A.)

The Eastern Federation Meeting of the ISDE

Site : Belgrade, Yugoslavia  
Date : September 26-27, 1991  
President : Prof. Zoran Gerzic  
Institute of Digestive Diseases  
Belgrade University Clinica Center  
Ulica Dr. Koste Todorovica 6  
Belgrade 11000 Yugoslavia  
Fax 38/11 646 998  
Tel 38/11/ 643 070

Topic: Reconstruction of the esophagus as the experience with this problem in these areas

Deadline: March 31, 1991

The First Congress of the Italian Section of the ISDE

Site : Venice, Italy  
Date : March 12-14, 1992  
President : Prof. A. Peracchia  
Topic: Esophageal cancer, Esophageal motility disorders  
Main guests: Prof. J. R. Siewert, Prof. K. Nabeya, Prof. E. Moreno Gonzales



## CONT. SCHOLARSHIP REPORT



Nobutoshi Ando, M.D.  
Dept. of Surgery, School of Medicine,  
Keio University, Japan

Aug. 30, 1989 - Oct. 11, 1989

Professor Mark B. Orringer  
Section of Thoracic Surgery,  
University of Michigan, USA

Multi-modality therapy applying transhiatal  
esophagectomy for esophageal cancer

I could have the opportunity to learn and feel Dr. Orringer's view and passion on esophageal surgery supported by the ISDE Visiting Scholarship.

I stayed in the University of Michigan Hospital during the period from Aug. 30 to Oct. 11 excluding the term for participation in the 4th World Congress of the ISDE in Chicago. University of Michigan Medical Center is located in a beautiful college town, Ann Arbor. Dr. Orringer is the sec-

tion head of Thoracic Surgery and is practically in charge of general thoracic surgery. During my stay in Ann Arbor Dr. Orringer performed many cases of esophageal surgery energetically such as five cases of transhiatal esophagectomy without thoracotomy, two cases of Collins-Nissen reconstruction of the esophagogastric junction and one case of diverticulectomy for a Zenker diverticulum.

Dr. Orringer has performed more than 500 cases of transhiatal esophagectomy and is famous for his strategy against esophageal cancer utilizing the technique of transhiatal esophagectomy. His initial enthusiasm to utilize the technique of transhiatal esophagectomy was to make the magnitude of surgery less invasive and to reduce the mortality of esophageal resection. However the criticism that transhiatal esophagectomy denies the patients with esophageal cancer the chance for potential cure centers around the appropriateness of this surgery for patients with esophageal cancer. I was impressed tremendously that Dr. Orringer's view and strategy has changed from efficient palliation to the achievement of long-term survival applying multi-modality therapy for esophageal cancer. He introduced cisplatin, vinblastin and 5-FU chemotherapy concurrent with 45 Gy radiation therapy prior to transhiatal esophagectomy. Cumulative survival is astonishing, 60% at 2 years and 46% at 3 years. Based on this encouraging result, Dr. Orringer is progressing to a randomized prospective trial.

I cannot express my thanks sufficiently for Dr. Orringer's thoughtful kindness and guidance during my stay in the University of Michigan Hospital. Finally I would like to thank Immediate Past President and Secretary General of the ISDE, Professor Kiyoshi Inokuchi for giving me such a wonderful chance.

## RECENT PUBLICATION

"Diseases of the esophagus"  
Editors: M. K. Ferguson, M.D., A. G. Little, M.D.,  
and D. B. Skinner, M.D.

Futura Publishing Company, 1990

This book is made up of chapters based on presentations at the Fourth World Congress of the International Society for Diseases of the Esophagus held in Chicago, Illinois. The authors represent the highest level of clinical and scientific accomplishment from around the world.

Covering both benign and malignant diseases in two volumes, these books are intended for those with a working knowledge of the field and who wish an update on issues at the forefront of current practice. The chapters are divided into sections, for which the editors have written overviews to provide a contextual setting for the material. Most readers will find certain sections particularly pertinent, using the remaining sections as a source of up-to-date reference material. (K. Yoshino)

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The 17th European Federation Congress of the ICS

Site : Amsterdam, Netherland  
Date : June 23-26, 1991  
Congress President : H.W.R. Siebbeles  
Chairman : R. van Schilfgaard

Topic:

Education and training,	Surgical nutrition
Gastro-intestinal surgery	Surgical oncology
Hepato-biliary surgery	Thoracic surgery
Intensive care	Transplantation
Orthopedic surgery	Traumatology
Pediatric surgery	Urology
Plastic and reconstructive surgery	
Vascular surgery	Surgical infections

## CONGRESS NEWS

Regional Meetings of several sections of the ISDE

The Annual Meeting of the Japan Section of the ISDE

Site : Tokyo, National Cancer Center  
Date : September 20, 1991  
President : Dr. Toshifumi Iizuka  
Topic: Roles of chemotherapy for cancer of the esophagus  
Special guest: Laurence P. Leichman, M.D.  
Associate Professor of  
Internal Medicine  
University of Southern  
California (U.S.A.)

The Eastern Federation Meeting of the ISDE

Site : Belgrade, Yugoslavia  
Date : September 26-27, 1991  
President : Prof. Zoran Gerzic  
Institute of Digestive Diseases  
Belgrade University Clinica Center  
Ulica Dr. Koste Todorovica 6  
Belgrade 11000 Yugoslavia  
Fax 38/11 646 998  
Tel 38/11/ 643 070

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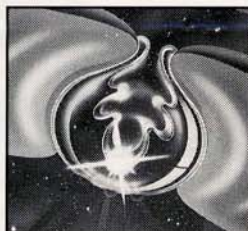
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W.Z.

### ★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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