ISDE NEWS

The International Society for Diseases of the Esophagus No. 15, Feb. 1st, 1994

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

INVITATION ADDRESS

It is a great pleasure for me to announce that the Sixth World Congress of the International Society for Diseases of the Esophagus will be held in Milan from 23rd to 26th August, 1995.

The scientific programme, to be prepared by the Executive and Scientific Committees, will certainly be most stimulating, reflecting the notable recent medical and pharmaceutical progress in this field, as well as the diversification of surgical techniques with the developments in mini-invasive surgery. The Congress will therefore be an extremely important opportunity for the in-depth exploration of these themes.

In addition to the scientific aspects of the Congress, we hope that the social programme, being planned to encompass the most prestigious venues that Milan reserves for its more important guests on the occasion of significant meetings, will provide opportunities for friendly meetings for all the Congress delegates.

We, for our part, will do all we can to welcome our guests with warmth and in friendship, certain that we can count on a numerous and active participation in the Congress.

(Alberto Peracchia)

A. Del-Genio
① Policlinico-Piazza
ITALY

P. Yanopoulos
② University of Athens
GREECE

P. Bazan
③ Policlinico del Univ.
ITALY

J.M. De Almeida
④ Hospital Santa Maria Lisbon
PORTUGAL

R. Giuli
⑤ Hospital Beaujon
FRANCE

E. Moreno-Gonzalez
⑥ Hospital 12 de Octubre
SPAIN

T. Lerut
⑦ Universitair Ziekenhuis
BELGIUM

J. Bancewicz
⑧ University of Manchester
U.K.

SUPPORTING STAFF DURING (1992, 8.9—1995, 8.26) COUNCIL "A"

A.H. Holscher
⑨ Technical University Muni
GERMANY

H.W. Tilanus
⑩ Dijkzigt Hospital
NETHERLANDS

Z. Gerzic
⑪ University Clinical Center
YUGOSLAVIA

G.G. Jamieson
⑫ Royal Adelaide Hospital
AUSTRALIA

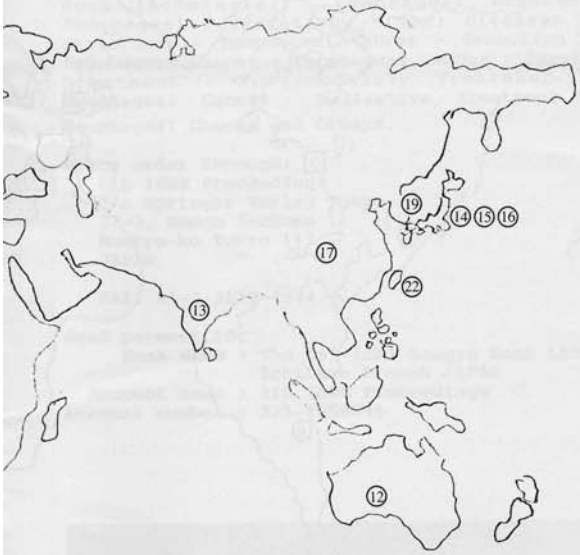
P.B. Desai
⑬ Tata Memorial Center
INDIA

T. Kakegawa
⑭ Kurume University
JAPAN

M. Endo
⑮ Tokyo Med & Dental Univ.
JAPAN

S. Mori
⑯ Tohoku University
JAPAN

Xi-gun Du
⑰ Fourth Hospital
of Hebei Medical College
P.R.C.



M.B. Orringer
⑱ University of Michigan
U.S.A.

J.H. Kim
⑲ Seoul National Univ.
R.O.K.

Dr. SKINNER's PRESIDENCY

MEMBERS

T.R. DeMeester
⑳ USC Health Care
Consultation Center
U.S.A.

A. Duranceau
㉑ Hotel-Dieu de Montreal
CANADA

P.Y. Wang
㉒ Veterans General Hospital
TAIWAN

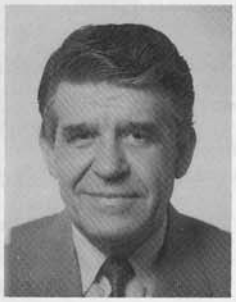
H.W. Pinotti
㉓ Sao Paulo University
BRAZIL

O.H. Mammoni
㉔ Univ. Nacional de las Plata
ARGENTINA

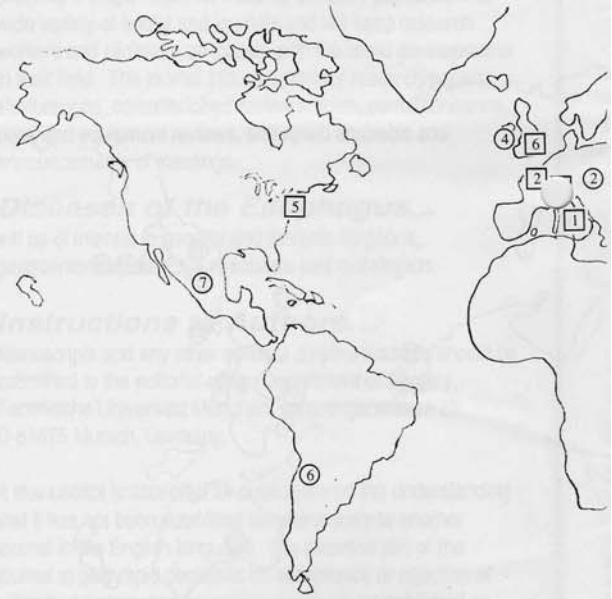
S. Stipa
[1] Univ. Degli Studi Roma
ITALY

J.O. Isolauri
① Tempere Univ.
Central Hospital
FINLAND

R. Roka
② Kaiserin Elisabet Hospital
AUSTRIA



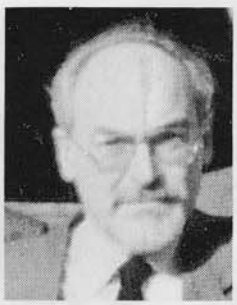
J. Kiss
③ Postgraduate Med. Univ.
HUNGARY



SUPPORTING STAFF DURING
(1992, 8.9—1995, 8.2)
○: COUNCIL
□: AT-LARGE

T.P. Hennesy
④ St. James's Hospital
IRELAND

F. Fekete
[2] Hospital Beaujon
FRANCE



B. Launois
[3] Hospital Pontchaillou
FRANCE

C. Stanciu
⑤ Univ. Hospital St. Spiridon
RUMANIA

M. Kijima
[4] Jikei University
JAPAN

F.H. Ellis
[5] New England Deaconess Hosp.
U.S.A.

Dr. SKINNER's PRESIDENCY

"B" MEMBERS MEMBERS

V. Guarner
⑦ Hospital Angeles
MEXICO

H.R. Matthews
[6] East Birmingham Hospital
U.K.

A. Csendes
⑥ Hospital Jose Joaquin Aguirre
CHILE

REGIONAL ACTIVITY

HONG KONG

ISDE PANEL AT SIC IN HONG KONG

On Tuesday, August 24, as part of the preliminary scientific program of the International Surgical Week in Hong Kong, ISDE panelists from various countries presented a session on "Esophagel Substitutes." The panel was moderated by J.R. Siewert of Germany, and the panelists were K. Nabeya of Japan, A. G. Little of the U.S.A., H. Akiyama of Japan, T. R. DeMeester of the U.S.A., E. Moreno-Gonzalez of Spain, T. Nishihira of Japan and J. Wong of Hong Kong. Unfortunately, moderators D. B. Skinner and F. H. Ellis, Jr. of the U.S.A. were unable to attend the conference.

Having extensive experience in their fields and being extremely knowledgeable of various surgical techniques, all of the panelists were able to give an excellent overview of routes and organs which can be used in esophageal substitution, as well as new techniques available. Although time limits precluded discussion among the panelists, it seemes abvious that all routes and organs have merits and demerits: there is no one optimal route or organ and the choice depends on the individual case as well as on the experience and expertise of the surgeon.

Dr. Little stressed that the choice of route depends on the experience of the surgeon and outlined the length of the various routes, the retromediastinal route being shortest and the antesternal route being longest.

Dr. Akiyama pointed out the usefulness of the full stomach as an esophageal substitute in cases of hypophayngeal cancer or cancer of the cervical esophagus. Dr. Siewert stressed the efficacy of the gastric tube fed by the right gastric artery and right gastroepiploic artery.

Dr. DeMeester discussed the usefulness of colonic segments, and recommended using the right half of the colon fed by the right colic artery or middle colic artery, whereas Dr. Moreno-Gonzales pointed out the usefulness of ileocecal interposition for esophageal substitution, especially in cases of postgastrecomized patients.

Dr. Nishihira discussed use of the jejunum as easier to use than a colonic segment. He mentioned that long-term follow-up studies have shown that there are no differences among gastric tubes, colonic segments and jejunal segments used for esophageal substitutes with regard to incidence of diarrhea, bloating, and stenotic sensation. He also pointed out that one positive aspect concerning use of the jejunum is that it maintains peristalsis even after surgery, thus promoting optimum oral intake.

Dr. Wong concluded the presentations and discussed the advantages and disadvantages of cervical anatamosis and intrathoracic anastamosis. He also pointed out the efficacy of using a stapler for intrathoracic anastomosis of esophagogastrostomy to shorten operative time.

(T. Nishihira)

FRANCE

Prof. Grimm, Y. Murata

From September 1-4, 1993, the Fourth International Polydisciplinary Congress of the O.E.S.O. was held in Paris. The main theme was "The esophageal mucosa". The congress was held at the UNESCO Headquarters and was divided into five sections. In Hall 1, which was a very large venue, the congress took of the form of question-and-answer sessions on topics such as the mechanism of esophageal reflux, diagnosis of esophagitis, and various aspects concerning internal medicine and surgical treatment. In addition, there were discussions on Barrett's esophagus, dysplasia, diagnosis of adenocarcinoma and various aspects of treatment. One of the particular features of the congress was enthusiasm with which the younger participants took such copious notes. At other parallel sessions there were presentations and discussions of free papers, and also there were several satellite symposia and workshops. Themes of these sessions went into more detailed aspects of the esophageal mucosa such as histopathology and pH-manometry, and other topics of discussion included AIDS, laser therapy and endosonography. I was honored to be in charge of a session on endosonography and enjoyed very much the at-home atmosphere in which the audience participated in the discussion, allowing for good communications among the speakers overcoming any differences of nationality. I hope that there will be more con-

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ferences like this centering on the question-and-answer format and allowing more formal exchange of ideas among international participants.
Lastly I would like to express my deep gratitude to Prof. Giuli, Prof. Tytgat and Prof. Lambert for having given me the opportunity to participate. (Y. Murata)

Party at the Rodin Museum
L to R Belsey, Lerut, Skinner

O.E.S.O. 1993 4th WORLD CONGRESS

On September 1-4 the Fourth World Congress of O.E.S.O., was held in the emblematic setting of the U.N.E.S.C.O. Center in Paris, under the official patronage of its Director General, and of the French Ministers of Health and Social Affairs.

The Presidents of this Congress, G.N.J. Tytgat (Amsterdam) and T.R. DeMeester (Los Angeles) reflect O.E.S.O.'s polydisciplinary orientation.

On the eve of this event, the opening ceremony, held in the Main Auditorium of U.N.E.S.C.O. in the presence of many highly regarded French and foreign personalities, was devoted to and gave special homage to O.E.S.O.'s President of Honor, the late J.L. LORTAT-JACOB. It was followed by a concert, then a classical dance performance by Pr. LORTAT-JACOB's grand daughter, from the Paris Opera Ballet Troupe.

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During four subsequent days, 1500 participants from 45 different countries attended the scientific sessions occurring simultaneously in five different auditoriums.

As in the three previous International O.E.S.O. Congresses, its very unique format fostered an approach now known to assure the most thorough examination of one theme: this time, it offered a succession of responses to 210 very precise questions, each limited to 5 or 6 minutes, on "the esophageal mucosa".

The participating specialists from 11 disciplines (surgery, gastroenterology, endoscopy, radiology, functional investigations, pharmacology, phototherapy, physiology, pathology, epidemiology, and health economics) were amongst the most eminent in the world: they provoked enriching discussions providing exceptional focus on an immense subject (epidermoid, cylindrical, dysplasic, and adeno-carcinomatous mucosa,) that still conceals yet numerous unknowns.

Concurrently running were,
- Communications and poster sessions, selected by a Scientific Committee of 80 prestigious specialists, and related to the entire field of esophageal disese, contributed to the high scientific quality of the Congress.
- 16 satellite symposia gave these four days an even greater impact. They addressed the most recent developments in various areas:
  - . Explorations of the esophagus, manometry, pH-metry, videoendoscoy,
  - . Developing treatments, medical and surgical, with two international symposia on laparoscopic surgery of G.E.R., likewise in the form of brief responses to a series of questions,
  - . Mucosal diseases related to A.I.D.S., the modes of defense of the esophageal mucosa, and the early markers of its malignant degeneration,
  - . Pathology, with a symposium on molecular biology and a particular symposium on Barrett's Mucosa,
  - . Health Economics, specifying the legitimate role of each family of treatment in the course of reflux disease, and surgical indications.

*

Divers publications are in preparation:

The principal book of 1200 pages, will contain the responses to 350 precise questions on the esophageal mucosa, each presented in the form of a scientific article, with all schemas, tables and bibliographical refereces necessary for interpretation.

Similarly, the content of each satellite symposium will be the matter of a separate booklet.

These publications will be available in May of 1994 , from Elsevier Publishers (Amsterdam).

*

The social programme, of a prestigious caliber commensurate with that of the scientific quality of the Congress, was three fold: for participants, accompanying persons, and juniors. Its highlight was a trip by special bullet train to the heart of Burgundy, the Abbey of Fontenay, classified by U.N.E.S.C.O. as a treasure belonging to the World Patrimony of Humanity.

The evening took place in a 12th century cloister, lit with torches and candles, resounding with chants accompanied by 60 medieval musical instruments, and encompassing the O.E.S.O. tradition of an exceptional equestrian show.

At this occation, Prs. Tyrgat and DeMeester were awarded a very high distinction in France: the grades of Officer in the Order of Merit and in the Order of Academic Palmes, respectively.

With a grand finale of cascading fireworks from a hot air balloon above the Abbey, this evening will remain a unique and memorable moment for everyone there. (R. Giuli)

CONT. REGIONAL ACTIVITY

JAPAN

L to R Endo, Kasai, Bancewicz, Watanabe

THE NINTH CONGRESS OF THE JAPANESE SECTION OF THE ISDE

The Ninth Congress of the Japanese Section of the ISDE was held in Tokyo on November 26, 1993. About 80 participants earnestly discussed on 25 papers concerning two special themes and free papers.

Special theme I was "Neo-adjuvant chemotherapy for esophageal cancer" and 12 papers were presented. The most common agents were CDDP, 5-FU and Leucovorin. The indications, effects and side effects were discussed. Dr. Toshifumi Iizuka, chairman of the ISDE TNM classification research committee, finished the morning session with special remarks.

Special theme II was "Reflux esophagitis" and six papers were presented on this topic. Among the other 7 free papers, three were on immunotherapy.

As an invited lecture, Prof. J. Bancewicz, leader in surgery at the University of Manchester School of Medicine, gave a lecture on "Gastroesophageal reflux in Britain and Europe including the AFP classification of reflux oesophagitis". which was very instructive for the entire audience.

I would like to express my gratitude to all concerned for the congress being such a success.

(M. Endo)

ANNUAL CONGRESS OF THE JAPANESE SECTION OF THE INTERNATIONAL SOCIETY FOR DISEASES OF THE ESOPHAGUS, TOKYO, NOVEMBER 1993

It was a pleasure to be invited to address the annual congress of the Japanese section of the ISDE on the topic of Gastroesophageal Reflux in Britain and Europe, and the AFP Classification of Reflux Esophagitis. The Congress was held in the comfortable lecture theatre of the National Cancer Center in Tokyo and there was a lively attendance.

Gastroesophageal reflux is an extremely common clinical problem in most Western countries. It is generally a benign problem, but one whose treatment consumes a significant proportion of health care resources. In a minority of cases there may be fatal complications, such as bleeding, perforation or adenocarcinoma in Barrett's esophagus. However, there is remarkably little information about the natural history of this common condition. This is partly due to the fact that it is a difficult condition to describe and there is no generally agreed system of staging the severity of the disease. It has anatomical, functional and pathological components and all of these may have different grades of severity in individual cases.

The AFP classification was developed to simplify description of the cases in way that is similar in principle to the TNM classification of tumours. The use of the AFP classification has simplified the description of the results of surgical treatment and has shown that different surgeons operate on different types of cases. An interesting paper was presented at the Congress by Dr. Kashiwagi from Professor Aoki's department in Jikei University. This showed that a numerical score could be derived from AFP staging that appeared to predict lack of response to medical treatment for reflux.

The ultimate test of the usefulness of any disease classification system is its acceptance by the medical community as a whole. There are encouraging sings that the AFP system is being applied for a variety of purposes and it is hoped that it will make for better communication between investigators. A full description of the AFP stages appears in a previous ISDE newsletter and in Gullet (1993) 3 Suppl 85-91.

Any visit by Westerner to Japan is an opportunity to sample the food and customs of this interesting and beautiful country. On this occasion I was extremely well entertained before, durging, and after the Congress. I also had the opportunity of sampling a traditional bath at a hot spring. This was a new experience that I hope I will repeat in the not too distant future.

(J. Bancewicz)

CONT. REGIONAL ACTIVITY

BRAZIL

ISDE -Sao Paulo- BRAZIL

In July 6 to 9, 1993, We developed the 20th Annual Corse in Gastrointestinal Surgery in Sao Paulo University Medical School, traditional event with 1500 participants.
We dedicated one day to ISDE program including several subjects of esophageal diseases.

As invited members of foreign Countries were from Japan M. SASAKO, TATSUYUKI KAWANO, KYOICHI NAKAMURA, MASAAKI MATSUKAWA, from France RENE LAMBERT, from Canada NORMAN MARCON, MICHEL GAGNER, From Germany NIB SOEHENDRA, and besides national participants. (H.W. Pinotti)

ISDE SCHOLARSHIP REPORT

Yoshihiro Nabeya, M.D.
Second Dept. of Surgery
Chiba Univ. Sch. of Med.

It was a great honor and pleasure for me to have the opportunity to study at Cornell University Medical College and The New York Hospital - Cornell Medical Center, New York, U.S.A., thanks to the ISDE Scholarship. World-famous New York is an exciting city where many people from all over the world are living. As a result there is severe competition in all field. Cornell University Medical College and the New York Hospital - Cornell Medical Center are located on Manhattan's upper east side, and, today, famous affiliated research institutes - Memorial Sloan-Kettering Cancer Center, Rockefeller University, and the Hospital for Special Surgery - are grouped with Cornell. This medical group plays an important role in not only clinical patient care but also medical research. Since June 10, 1992 I studied as a fellow of Cardiothoracic Surgery under Professor David B. Skinner and Assistant Professor Nasser K. Altorki. Dr. Skinner's contributions to the establishment of esophageal surgery and better understanding of upper gastrointesinal physiology and disorders are recognized internationally. Although Dr. Skinner is extremely busy as the President of the New York Hospital as well as Professor, he performs many operations and carefully teaches young fellows and residents.

I was very happy to observe many excellent operations performed by Dr. Skinner and Dr. Altorki. Unlike cases in Japan, many esophageal carcinomas in the United States are adenocarcinomas associated with Barrett's esophagus. These adenocarcinomas arising from the esophagus and gastroesophageal junction are often discussed together with adenocarcinomas of gastric cardia as a proximal gastric tumor subtype, which is compared with a distal gastric tumor subtype including adenocarcinomas of gastric body and antrum. The incidence of these proximal tumors is reportedly increasing, while that of distal gastric tumors is steady or in slight decline in the United States. In addition, the prognosis of patients with proximal tumors is poor compared with that of patients with distal tumors. Thus, esophageal and proximal gastric adenocarcinomas are highly malignant tumors and treatment for them is not satisfactory.

Here, at the Department of Cardiothoracic Surgery, Cornell University Medical College, Dr. Skinner and Dr. Altorki have treated many cases of esophageal and proximal gastric cancers. The standard approach to these cancers is a left thoracotomy followed by en bloc resection of the intrathoracic esophagus and a transdiaphragmatic abdominal procedure without laparotomy. For tumors located closer than 10cm to the aortic arch, a right thoracotomy is performed for en bloc resection of the intrathoracic esophagus. I have not seen this en bloc resection of the esophagus in Japan, Dr. Skinner and Dr. Altorki perform this procedure with consummate skill, which concept includes resection of the overlying pericardium and pleura as well as the dorsal tissues between the esophagus and vertebral bodies including the esophageal mesentery. Moreover, this is the first time I have observed the transdiaphragmatic abdominal approach, which can require only a small incision for thoracotomy to perform esophagectomy and reconstruction. The excellent surgical procedures they have established cause the patients little postoperative pain, and this contributes to very fast and satisfactory recovery. The difference in the concept of esophageal removal and abdominal approach was very interesting for me.

Dr. Skinner and Dr. Altorki also have many patients with benign diseases including gastroesophageal reflux, hiatal hernia, esophageal cyst and diverticulum. Because I have not seen many cases of benign esophageal disease, it was also interesting to observe the operations for them. In particular, antireflux repair by Belsey's Mark IV operation is another speciality of theirs, which effectively reduces patients' complaints and, of course, reflux itself. In Japan, few patients with gastroesophageal reflux absolutely require radical operations, but there are many more patients who need to undergo antireflux repair operations in the United States because many of them have Barrett's esophagus. If the incidence of Barrett's esophagus increases, like colon cancer, in Japan, we shall have more cases of antireflux operations.

Fortunately, I also had an opportunity to carry out basic research in collaboration with Dr. Anthony P. Albino and his colleagues in

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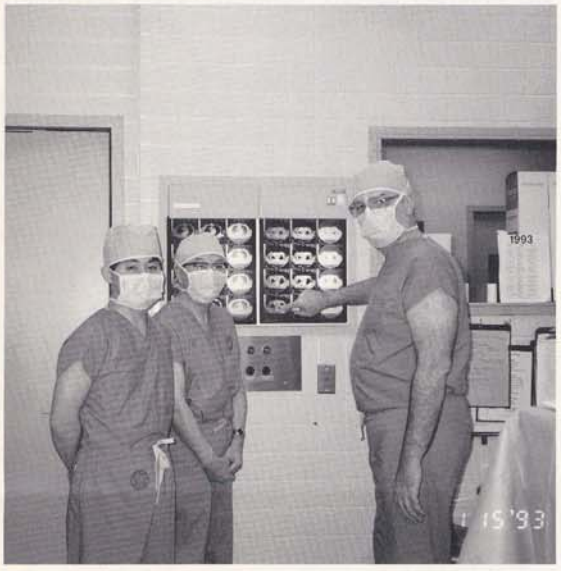
CONT. ISDE SCHOLARSHIP REPORT

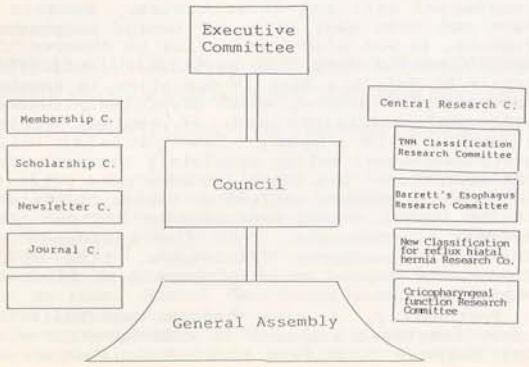
Memorial Sloan-Kettering Cancer Center. Dr. Albino is an energetic scientist who collaborates actively with Dr. Altorki and other doctors. Our research focused on the biology of esophageal and gastric adenocarcinoma, especially oncogenes and their expression. This famous cancer center has many famous doctors, scientists, and equipment for many kinds of cancer research. I am now interested in the role of p53 protein (wild-type and mutated-type) and phosphotyrosine protein in esophageal and gastric adenocarcinomas. My ongoing experiments include a project on Barrett's cancer. Thanks to direction by Dr. Albino and Dr. Altorki, I have learned some new techniques and have collected some interesting data. This is why I am still studying here and I believe it will be fruitful.

Finally, I would again like to express my grateful for the ISDE scholarship, and I would also like to express my deepest appreciation to Professor Skinner, Dr. Altorki, Dr. Albino, and Professor Kaichi Isono of my home department for their assistance. In addition, I am glad to have been able to meet so many talented doctors, colleagues and scientists from different countries. It is very interesting to talk with them about nonmedical matters as well as medical science, and I would like to thank them, too. It is exciting to gain advanced knowledge, and all of my stay in New York is an unforgettable great experience to me, which will both enrich my future professional and nonprofessional life in Japan.

(Y. Nabeya)



Structure of the ISDE



Prof. Duranceau and Miss Pellerin

Akira Yamada, M.D.
Second Dept. of Surgery
Toyama Med. & Pharmaceutial Univ.

A)ITINERARY DURING THE STAY IN THE HOST COUNTRY:

We left Japan for Montreal on May 24th, 1993. We knew Montreal to be an international city where the World Fair was held in 1967 and the Summer Olympics in 1976. Montreal is a beautiful city built on an island in the middle of the St-Laurence river. There is a very special atmosphere in the city with its large number of green spaces, even in the center of the city. There is a very international atmosphere with a fully bilingual city and two major universities, one French and one English, both present in the center of the city.

Music is everywhere along streets in stations of the metro and this conveys a charming aspect. It is very impressive to realize the large number of saints that influenced Montreal in its evolution. There are 350 churches in the city with many hospitals named after these saints. All hospitals are very traditional. The hospital in which we worked, Hotel-Dieu de Montreal, is the most traditional of these institutions being the first hospital built in Montreal. This historical tradition and its beautiful location, right on the Mount-Royal, makes it a marvelous location to work in right in the middle of the city.

Immediately after our arrival in Montreal, I had the opportunity to attend to a symposium held by the Canadian section of the ISDE. The theme of this symposium, held on June 10th, was Barrett's Esophagus and immediately I had the opportunity to benefit from the latest knowledge on etiology, diagnosis, pathology and management of this important condition presenting with a malignant potential. I had the pleasure to meet, during this symposium, professor David Skinner, the actual ISDE President, professor Robert Giuli, professor John Spechler from Boston, professor Victor Trastek and professor Claude Deschamps from the Mayo Clinic. There were numerous participants and this meeting served as a strong basis for my subsequent stay and work in Montreal. ↗P11

CONT. ISDE SCHOLARSHIP REPORT

We have seen numerous historic sites in Montreal during our four months including the older part of the city around the harbour, Ste-Helene Island where the World Fair was held in 1967, the Olympic Park facilities as well as the whole area of downtown Montreal. Mount-Royal park, the Laurentians, the Eastern townships and the Richelieu valley were also visited. During our stay in Canada, we also had the opportunity to visit Quebec city with its beautiful old town, very much like St-Malo with its strong French background influence. Ottawa, as the capital of Canada, is also a very beautiful city and it represents well the tradition and stability of the Canadian people. We had also the opportunity to participate in two golf tournaments organized by Hotel-Dieu de Montreal in order to collect funds for new development projects of the hospital.

B) RESEARCH REPORT

My first investigation project was to document the alterations in esophageal functions in patients with a circumferential columnar-lined esophagus. These observations were presented at the ISDE Symposium on Barrett's Esophagus. They served as a basis for a more extensive investigation project that looked at the correlation of esophageal dysfunction and mucosal damage in reflux esophagitis. In this project, we looked specifically at the functional alterations in three groups of refluxing patients : 21 patients with linear ulcerative esophagitis, 17 patients with an active esophagitis with a stricture and 23 patients with an extensive circumferential columnar-lined esophagus. These patients were assessed for function of their esophageal body as well as for their lower esophageal sphincter and they were compared to a control group of 25 asymptomatic individuals.

This study showed that in all three pathology groups, there was a progression of the functional damage that correlated with the extent of the mucosal damage. Patients with Barrett's esophagus showed consistantly the worst functional alterations of all patients with reflux diseases.

In the addendum of this report is the abstract summarizing the informations from that study.

In a second study, we have looked at the manometric effects of crico-pharyngeal myotomy on the pharyngo-esophageal junction. Recordings of the pharyngo-esophageal junction were obtained using the sleeve technique, initially in the awake patients and subsequently in the same patients under anesthesia. Resting pressures of the pharyngo-esophageal junction were recorded at various stages of a crico-pharyngeal myotomy being performed for oro-pharyngeal dysphagia. Preliminary results show that a myotomy on the proximal cervical esophagus did not change the pressures significantly. Section of the cricopharyngeus area decreased the resting pressures by approximately 50%. A further division of the muscularis on the hypopharynx resulted in further significant decrease of the resting pressures in the pharyngoesophageal junction. Final results of these observations will be obtained after the long term assessments of these operations in the awake state.

The third research project in which I participated was related to the endoscopic mapping of the columnar-lined esophagus. Using the new generation of electronic endoscopic equipment, we were able to establish a detailed mapping of the circumferential columnar-lined esophagus present in a group of 40 patients. All these patients had multi-level biopsies as well as cytologic specimens taken from their columnar-lined mucosa. This mapping study served first to corrolate histologic and cytologic fundings in Barrett's patients. It will further serve as the basis of subsequent investigations related to the management of the remaining abnormal mucosa in patients who had control of their pathologic reflux. Longterm results in this study will be very important for the future management of this prevailing condition.

C) IMPRESSIONS AND THOUGHTS ABOUT THE RESULTS OF THE SCHOLARSHIP

I chose to work with Professor Duranceau at Hotel-Dieu de Montreal, with University of Montreal (Canada), because of his numerous works and publications on diseases of the esophagus.

I appreciated the possibility to work especially in the field of esophageal manometry as used for diagnosis in motor disorders as well as in pathologic reflux disease. I recognized that I had less chances to become familiar with these informations in Toyama, Japan. I had the special opportunity to attend an International Symposium on Barrett's Esophagus. This symposium was organized and held by the Canadian Chapter of ISDE and it served as a strong informations basis for my subsequent work.

Working in a laboratory with the constant help of the personnel, this four months working period gave me much experience and understanding on the functional aspect of esophageal diseases.

D) OTHER COMMENTS

The ISDE Scholarship gave me the major opportunity to acquire new knowledge as well as the latest methodology of investigation in esophageal diseases.

Overall, our stay in Montreal, Canada, gave me the opportunity to participate in both the investigation and management of esophageal problems in all areas of dysfunction: motor disorders of the upper sphincter, primary idiopathic disorders of the esophageal body, reflux disease and its various forms as well as adenocarcinoma and squamous cell carcinoma of the esophagus.

But more than being exposed to a different approach and thinking in regard to esophageal problems, we were exposed to new friends, new surgeons and new scientists that gave us the privilege to convey the philosophy of the International Society for Diseases of the Esophagus which favors exchanges between investigators all over the world.

CORRELATION OF ESOPHAGEAL DYSFUNCTION AND MUCOSAL DAMAGE IN REFLUX ESOPHAGITIS

YAMADA A., PELLERIN E., ARCHAMBAULT S., DURANCEAU A.
Division of Thoracic Surgery, University of Montreal, Hotel-Dieu de Montreal

Esophageal function and lower esophageal sphincter competence were assessed in three group of ulcerative esophagitis patients consecutively submitted to antireflux operations : linear esophagitis 21, ulcerative esophagitis with stricture 17, extensive circumferential Barrett 23. They were compared to a group of 25 asymptomatic individuals. Statistical analysis : Student's unpaired T-Test and Anova factorial analysis.

		Control group N :25	Linear esophagitis N: 21	Esophagitis and stricture N: 17	Columnar lined esophagus N: 23	Anova p value
PROXIMAL ESOPHAGUS						
Resting pressures	(mmHg)	1.9± 3.2	1.9± 2.3	3.1± 3.6	3.1± 3.0	0.384
Peak pressures	(mmHg)	55.3± 14	45 ±13	53.6±21	41 ±14	.008
Primary waves	(%)	99 ± 2	78 ±23	81.2±26.9	76.8±28	.001
Tertiary waves	(%)	0.4 ± 2	22 ±23	18.8±26.9	23.2±28	.001
DISTAL ESOPHAGUS						
Resting pressures	(mmHg)	2.5 ± 3.2	1.8± 2.4	3.9± 7.2	2.7± 3.3	0.761
Peak pressures	(mmHg)	64.2 ± 21	51 ±21.9	57.8±28.3	34.8±16.2	.0002
Primary waves	(%)	100	91.1±14.4	87.3±17.5	83.6±25.9	.01
Tertiary waves	(%)	0	9.0±14.4	12.7±17.5	16.4±25.9	.01
LOWER ESOPHAGEAL SPHINCTER						
LES resting	(mmHg)	23.5 ± 4.7	15.7± 5.7	17.4± 7.3	11.6± 4.4	.001
Gastric resting	(mmHg)	6.8 ± 2.3	8.4± 2.6	8.4± 4.0	7.8± 2.8	N.S.
LES gradient	(mmHg)	16.5 ± 4.2	7.2±5.1	9.0± 6.6	3.8± 4.2	.0001
Closing pressures	(mmHg)	42.3 ±10.1	28.7± 8.6	39.1±21.1	22.9 ±8.0	.0001

CONCLUSIONS: 1) Both in the proximal and distal esophagus weakness of contractions increases with the severity of mucosal damage. 2) Both in the proximal and distal esophagus the peristaltic response shows an increasing dysfunction with the severity of mucosal damage. 3) LES

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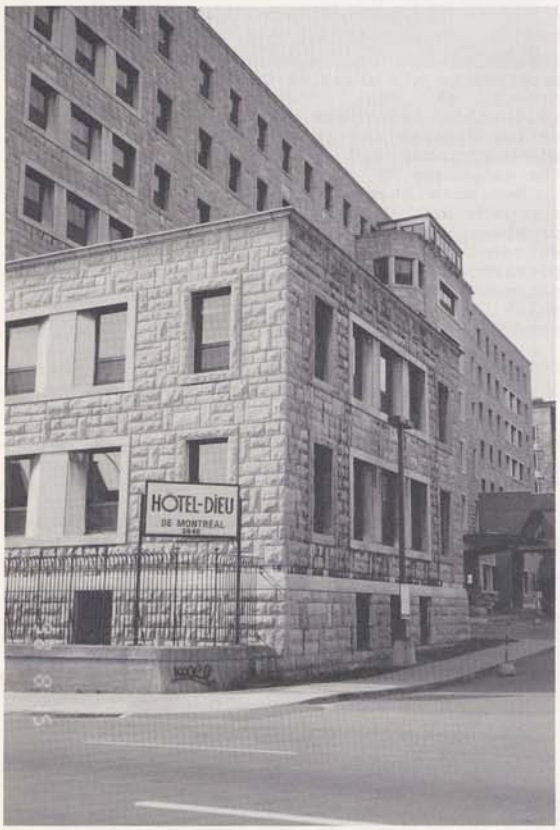
CONT. SCHOLARSHIP REPORT

resting pressures and gradients differ significantly between groups and correlate with the severity of esophagitis. 4) There is a correlation between LES hypotension and peristaltic dysfunction (peak contraction: p=0.001 - peristalsis: p=0.01). 5) Functional damage is consistently worst in patients with an extensive columnar lined esophagus. (A. Yamada)



HÔTEL-DÍEU DE MONTREAL CANADA

NEWS

Prof. Akiyama won the second Komei Nakayama Prize.

Our honorary President, Prof. Nakayama established the Komei Nakayama Prize in May of 1991 to encourage investigators who have contributed to cancer research, particularly in the clinical field. A long-term research or one's life work that has won international reputation is to be considered as its main criteria.

On Sept. 24, 1993, the second Komei Nakayama Prize was awarded to Prof. Hiroshi Akiyama in Toranomon Hospital for his work entitled "ESOPHAGEAL CANCER : TOWARD IMPROVED RESULTS". The ceremony was held at Gakushi-kaikan in Tokyo. Following the winner's address and lecture, the prize was conveyed by Prof. Nakayama, who was going to attain his 82nd birthday on the next day.

The recipient paper (the same title) has been published in English from Nakayama Institute of Cancer Research. (H. Udagawa)

RECENT PUBLICATION

Recent Advances in DISEASES OF THE ESOPHAGUS

K. Nabeya, T. Hanaoka, H. Nogami, Kyorin University Tokyo, Japan(Eds.)
Selected Papers from the Fifth World Congress of the International Society for Diseases of the Esophagus, held in Kyoto, Japan, 1992, have been compiled and edited for presentation in book form. This book is now available.

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Date : June 12 - 15, 1994
Secretariat : 8th WCB & WCBE, ICENTS
Augusta Teaching Hospital

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* 14th World Congress *
Collegium International Chirurgiae Digestivae
Site : Los Angeles, U.S.A.
Date : Sept. 28 - Oct. 1, 1994
President : Edward Passaro Jr., M.D.

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* UICC XVI INTERNATIONAL CANCER CONGRESS *
Site : New Delhi, India
Date : Oct. 30 - Nov. 5, 1994
Secretary General : Prof. P. B. Desai
Tata Memorial Centre
Parel, Bombay-400 012

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* XXIX WORLD CONGRESS *
* INTERNATIONAL COLLEGE OF SURGEONS *
Site : London, UK
Date : November 13 - 16, 1994

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1 9 9 5
* SIXTH WORLD CONGRESS OF ISDE *
Site : Milan, Italy
Date : August 23 - 26, 1995
President : Alberto Peracchia, M.D.

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1 9 9 8
* SEVENTH WORLD CONGRESS OF ISDE *
Site : Montreal, Canada
Date : August 31 - September 4, 1998
President : Andre Duranceau, M.D.

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DISEASES OF THE ESOPHAGUS

Official journal of the International Society for Diseases of the Esophagus

Contents of Volume 7, Issue 1 1994

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