Palliation of malignant dysphagia

Sir,—Dr Barr et al are to be congratulated on their work examining the role of laser and laser + intubation in the palliation of malignant dysphagia.1 We would agree with their conclusion that laser therapy should be restricted to specialist centres, and others have highlighted that, apart from operator expertise, high capital cost is another reason for restricting its availability to designated centres.2 So what happens to these patients elsewhere? Dissatisfaction with intubation as a palliative technique prompted us to examine the role of endoscopic tumour destruction using ethanol injections. This technique of ethanol-induced tumour necrosis (ETN) has recently been described,1 and fulfils the criteria suggested by Cox and Bennett for an ideal palliative technique.3 It is quick, safe, painless, needs only a short inpatient stay, and has a low complication rate. The results achieved compared favourably with all published results of laser palliation. As with laser, apparent complete occlusion of the lumen does not prevent this technique being used. The cost of ETN is considerably less than that of either laser or intubation as there is no initial capital cost and no maintenance cost. The only treatment cost (apart from that of endoscopy) is that of the ethanol for injection. The technique can be quickly learnt by experienced therapeutic endoscopists. We believe that there is an imperative need to institute a prospective randomised trial of laser therapy v ETN. If results were comparable, one would have to consider the cost, and have stated that both techniques [laser and intubation] should be available for the management of patients with malignant dysphagia but ‘first line treatment for palliation of malignant dysphagia is ETN. If this treatment fails treatment by laser or intubation should be considered.’


_Cancer in an ileal reservoir_

Sir,—The report on cancer in an ileal reservoir by Stern et al4 must be evaluated with great care before the published information can be accepted. The implication by the authors is that this is a case of cancer developing primarily within the minute bit of distal rectal mucosa this remaining after an ileal-anal anastomosis was performed. On the other hand, there is no reason not to assume that this is a pelvic recurrence from the carcinoma that was resected earlier. The histological picture is that of carcinomatous tubules in the mucosa on either side of a residual small intestinal crypt. This does not tell us if this carcinoma is primary or recurrent. Carcinomas metastatic to or recurrent in bowel wall, virtually anywhere, can secondarily invade mucosa, extending along the skeletal frameworks of pre-existing tubules, thus recapitulating the pattern of a primary carcinoma. Therefore, the question must be asked, how do the authors know for certain that this carcinoma is primary, and not metastatic, in the rectal cuff?

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NOTES

Sir Francis Avery Jones BSG Research Award 1991

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1991 Award. Applications (15 copies) should include:

1 a manuscript (2 A4 pages only) describing the work conducted;
2 a bibliography of relevant personal publications;
3 an outline of the proposed content of the lecture, including title;
4 a written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

The Award consists of a medal and a £100 prize. Entries must be 40 minutes or less on 31 December 1991 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring Meeting of the Society in Manchester in 1991. Applications (15 copies) should be made to: The Honorary Secretary, BSG, 3 St Andrew’s Place, Regent’s Park, London NW1 4LB by 1 December 1990.

Cellular and molecular bases of liver cirrhosis

An international conference on 2-5 July, 1991 in Rennes, France, sponsored by the Institut National de la Santé et de la Recherche Médicale (INSERM), will provide an overview of current research in liver cirrhosis. For further information please contact: Dr B Clement and Dr A Guilouzou, programme coordinators, INSERM U 49, Unité de Recherches Hépatopathologiques, Hôpital Pontchaillou, 35033 Rennes Cedex – France. Tel: (33) 99.54.37.37. Fax: (33) 99.54.01.37.

British Society of Gastroenterology Annual Meeting

The 1990 Annual Meeting of the British Society of Gastroenterology was held at the University of Southampton from 26-28 September 1990 under the presidency of Dr Roger Williams. The meeting opened with the customary half day teaching session on the optimistic theme of ‘New therapies in gastroenterology’; thereafter the traditional format of the scientific meeting was altered, most notably by the disappearance of the plenary session (until, presumably, it is reinvented by our successors as a radical innovation), and the inexorable expansion of the poster sessions to cover the three days of the meeting. The professional preoccupations of the president were reflected in the invitation to Professor J-P Benhamou to give the Sir Arthur Hurst Lecture on ‘Prognostication in acute and chronic liver disease.’ New toys for gastroenterologists were the subject of the Endoscopy Foundation Lecture by Dr M Sivak on ‘Electronic endoscopy’, while the problems of pocket money with which to buy them were embodied in the keynote address by Mrs Virginia Bottomley, Minister for Health. A watershed year in international relations was recognised by the presence of the presidents of six gastroenterology societies from Eastern Europe as guests of the Society. The maritime setting (another presidential predilection) of the meeting was marked by a reception at the Navy Heritage site – a salutary experience for the ophthalmologists – which closed with the Beaching the Retreat by HM Royal Marines Band and the subsequent retreat of the delegates to the water for a cruise along Southampton Water. On the following evening, the Conference Dinner was firmly planted on terra firma in the Guildhall. And so to 1991.
Cancer in an ileoanal reservoir.

H D Appelman

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