British Society for Digestive Endoscopy

The British Society for Digestive Endoscopy held its second scientific meeting in the Aviemore Centre, Inverness-shire, on 28 September 1972. Professor Harold Hopkins delivered the first Foundation Lecture on 'The physical principles of fibre optics', and a joint symposium on 'A new look at gastritis' was held with the British Society of Gastroenterology with Dr S. C. Truelove as the Moderator. Abstracts of the papers given follow.

A Safer Method of Dilating Benign Oesophageal Strictures

J. R. BENNETT Fibreoptic oesophagoscopy has hitherto been limited largely to diagnosis but the technique described by Dr Bennett extends its range to treatment, namely the dilatation of benign oesophageal strictures. The stricture is inspected with the fibreoptic oesophagoscope and the guide of the Eder-Puestow¹ dilator is passed down the biopsy channel and advanced gently through the stricture into the stomach. The oesophagoscope is withdrawn leaving the guide in position and graduated bougies can then be passed down over it. Fifteen elderly patients were treated by this technique, some several times, and one complication occurred, a minor perforation which did not require surgery.

Complications are unlikely to occur if the guide is kept taut while the bougies are pushed over it and if a reasonable length of the guide lies in the stomach so that the bougie does not reach the end and push the guide ahead of it.

This technique appears to be a simple and safe procedure particularly applicable to the frail or elderly patient who is not a good candidate for surgical treatment.

The Carbohydrate-containing Component of Gastric Mucosal Biopsies

P. BROWN, J. R. CLAMP, and P. R. SALMON There is increasing interest in the role of gastric mucus but mucus present in samples of gastric juice may not be representative of the mucus in or closely adherent to the mucosa since it may be contaminated with saliva or altered by the action of other constituents of gastric juice. In this paper the carbohydrate content of free gastric mucus is compared with that of mucus in biopsies of gastric mucosa taken with a forward-

viewing duodenoscope from the lesser curve near the incisura in patients with normal barium meals. The only constituent found to vary was N-acetylgalactosamine. Mucosal biopsies thus provide an acceptable method of studying gastric mucus provided it is borne in mind that the biopsy may have been taken from an area of abnormal mucosa. The use of biopsy material has the advantages of avoiding contamination with saliva and degradation of the mucus by saliva and gastric contents.

Fibre-endoscopy in Patients Who Have Undergone Gastric Surgery

M. T. ROSENBERG, P. B. COTTON, A. T. R. AXON, M. DAVIS, J. W. PIERCE, A. B. PRICE, G. W. STEVENSON, R. WALDRAM, and S. WALLACE Radiological examination of the stomach after gastric surgery is notoriously difficult since pits and puckering at the suture line may closely resemble recurrent ulceration. This paper reports the examination of 177 patients presenting this diagnostic problem. A forward-viewing instrument was used and, in some cases, a side-viewing instrument as well. In 47% of cases endoscopy was helpful in achieving a diagnosis, but in the remaining 53% no abnormality was detected. Endoscopy gave no false positives but there were four false negatives. Non-absorbable suture material was seen in 10 patients, eight of whom had an ulcer, and endoscopic removal of the suture was achieved in six patients, five of whom were relieved of symptoms thereafter and in two of whom the ulcers were seen to heal.

An Assessment of the Accuracy of Duodenoscopy in the Diagnosis of Duodenal Ulceration Using the Side-viewing Olympus JF-B

C. W. VENABLES Thirty patients undergoing operation for duodenal ulceration were previously examined with the side-viewing duodenoscope to compare the findings at this examination with those at operation. Stenosis was always diagnosed correctly and when an active ulcer was present it was usually seen (in 94% of cases) although the size and exact site were not always correctly interpreted.

Full examination of the first part of the duodenum is easier with a forward-viewing instrument so it is not surprising that in this study the endoscopic diagnosis of 'no ulcer seen' was less accurate. How-

ever the results achieved and rigorously checked against the findings at surgery are remarkably successful considering the limitations of the side-viewing instrument in this area, and emphasize the value of duodenoscopy in the diagnosis of duodenal ulcer.

The Hazards of Digestive Fibre-endoscopy: A Survey of British Experience

K. F. R. SCHILLER, P. B. COTTON, and P. R. SALMON
This paper reported the results of a postal enquiry into the incidence of hazards of flexible colonoscopy of the upper gastrointestinal tract. Sixty-three centres replied to the questionnaire reporting 23 500 examinations of which two-thirds had been done with side-viewing instruments. Twenty-six perforations were reported, 11 in the oesophagus of which only five were treated surgically and one died. Thirteen perforations were in the stomach and all but one were treated surgically and all recovered. Haemorrhage was less common, occurring in only six patients.

There were 16 complications related to the premedication, mostly hypoventilation and hypotension, although there was one postendoscopy car crash. These cases emphasize the need to restrict the dose of premedication (which in these cases was usually diazepam) to the smallest practicable dose. There were 18 cases of aspiration pneumonitis, two of

whom died. These two groups underline the importance of careful supervision of patients who have had local anaesthesia to the pharynx and heavy basal sedation. Fibre-endoscopy of the oesophagus, stomach, and duodenum is remarkably safe, but the greatest care both in performing the examination and in supervising the patient is essential.

Laparoscopy in the Diagnosis of Diseases of the Liver

R. J. WALKER, J. D. MAXWELL, J. O. HUNTER, and ROGER WILLIAMS
Laparoscopy was carried out on 100 patients most of whom had hepatomegaly or some other evidence suggesting liver disease. The examination was done under local anaesthetic after premedication with Valium and air was used for the pneumoperitoneum. The only complications were two cases of minor haemorrhage and two of subcutaneous emphysema. The diagnosis made at laparoscopy was assessed as 'correct' in 75 cases and 'partly correct' in 20 cases. An incorrect diagnosis was made in two cases of hepatomegaly, two of suspected cirrhosis, and one of jaundice. There were no incorrect diagnoses in 21 patients with suspected liver tumour and seven patients with ascites. This paper confirms the value of laparoscopy in the diagnosis of liver disease and is an indication of the increasing interest in the technique in this country.

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