LETTERS TO THE EDITOR

Endoscopic sphincteroplasty for the management of duct stones

EDITOR,—I was very interested to read the paper by MacMathuna et al (Gut 1994; 35: 127-9) in which the authors describe a new technique of dilatation of the ampulla using a balloon tipped biliary catheter to facilitate endoscopic retrieval of bile duct stones. I am sure this technique deserves further assessment as it has been shown to be safe and effective at least for stones up to 20 mm in size. I do question their use, however, of the term sphincteroplasty in naming the technique.

Before the development of endoscopic instruments capable of accessing the bile duct cholecodocholithiasis usually required surgical intervention either by cholecodocholithotomy or transduodenal sphincteroplasty. The second operation constitutes opening the second part of the duodenum and then incising the ampulla of Vater usually over a probe to a depth of about 2 cm. The cut edges of the ampulla are then sutured so as to maintain the ampulla open thus changing the shape of the ampulla permanently. Ductal stones can then be retrieved easily and furthermore if any stones are inadvertently left in the duct system at operation they can pass easily into the duodenum thereafter through the widened sphincter. During my time as a registrar in surgery at St James’ Hospital, Balham in 1984 I reviewed a consecutive series of 86 such procedures as part of an in house audit with no mortality and a zero retained stone rate with no upper limit in stone size.

The use of the term ‘plasty’ infers the actual change in shape of an organ or part thereof by instrumentation and is derived from the Greek (plassein – to mould) and whereas ductal stones can now be dealt with safely and efficiently endoscopically in a manner far preferable to open surgery I feel that the term sphincteroplasty should be reserved for operative surgical intervention. I suspect that the authors may have used the term of the suffix from the currently popular procedure of angioplasty (dilatation of diseased arteries), which in itself may also be a misnomer. Their methodology and results are excellent in comparison with those of open surgery but I suggest that they name the procedure endoscopic ampullary balloon dilatation to avoid any further confusion with a technique that is long established in the surgical literature.

M C PARKER
Department of Surgery, Joyce Green Hospital, Dartford, Kent DA1 3PL

Reply

EDITOR,—We thank Mr Parker for his comments in supporting the more widespread application of our sphincteroplasty (papillary dilatation) technique for bile duct stones as a less traumatic alternative to endoscopic papillotomy or surgery. Our initial encouraging results have been borne out in over 100 patients to date, with a bile duct clearance rate of over 75% using sphincteroplasty for stones up to 2 cm in size without any associated haemorrhage. These results are particularly important in the context of the concern expressed regarding the longterm sequelae of papillotomy for bile duct clearance in young patients undergoing laparoscopic cholecystectomy.1 2

Although not questioning our results, Parker takes issue with our use of the term ‘sphincteroplasty’. The word ‘plasty’ is indeed derived from the Greek ‘plassein’ – to mould, but it does not imply an irreversible change to the structure concerned. True, the term to date is well established in the surgical literature but our deliberate use of the term ‘endoscopic sphincteroplasty’ should help avoid any potential confusion. In vascular intervention, it is clearly understood that angioplasty is equivalent to balloon dilatation without any implication as regards permanent structural change. In essence therefore, we have no problem with the use of the term endoscopic papillary (ampullary) balloon dilatation as an alternative to sphincteroplasty, as long as the technique becomes more widely validated. In short, we recommend endoscopists to start stretching more and cutting less.

P MacMathuna
J Lennon
J Crowe
Gastrointestinal Unit, Mater Misericordiae Hospital, University College Dublin, Eccles Street, Dublin 7


BOOK REVIEW


I suspect that if gastroenterologists were subject to rapid fire word association during Freudian psyonalysis, in response to the word ‘manual’ many of us might come up with the word ‘evacuation’. For the less analytically retentive, the term ‘manual’ may conjure up images of one of a series of over 50 spiral bound, pocket-sized books printed by the publishing firm of Little, Brown. It is a source of some curiosity as to why publishers in this country have not really gone in for spiral texts of this nature. There are various pocket sized books for doctors in training, but their success in the market rather depends on the amount of vacant space in white coat pockets up and down the land.

This volume is intended for students, interns, and trainee fellows, and its 380 pages are certainly impressive in their scope and depth. Sadly, the price for this level of coverage has been at the considerable cost of readability.

Rarely can so much information have been conveyed in such a droll manner.

Ivan MacMathuna
J Lennon
J Crowe
Gastrointestinal Unit, Mater Misericordiae Hospital, University College Dublin, Eccles Street, Dublin 7

NOTE

Sir Francis Avery Jones BSG Research Award 1995

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1995 Award. Applications (fifteen copies) should include:

(1) A manuscript (2A4 pages only) describing the work conducted.
(2) A bibliography of relevant personal publications.
(3) An outline of the proposed content of the lecture or symposium to be held.
(4) A written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

Entrants must be 40 years or less on 31 December 1995 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring meeting, and further details are available from the Secretary of this volume (fifteen copies) should be made to: The Honorary Secretary, BSG, 3 St Andrews Place, London NW1 4LB by 1 December 1994.