

**LETTERS TO THE EDITOR**

Anal sphincter physiology

**EDITOR,—** We read with great interest the paper by Roe et al (Gut 1993; 34: 382-5) who found no adverse effect on anal sphincters after 3 months of diversion.

Recently we have performed physiological studies on a 70 year old woman who had a defunctioned rectal stump for 13 years. This woman, an immigrant from Russia, had a sigmoidectomy in 1977 for sigmoid cancer. Three years later recurrent anastomotic cancer was diagnosed. Left hemicolectomy with colostomy was performed leaving a rectal stump of 12 cm length. In 1993 she was referred to our outpatient clinic for evaluation before colostomy closure. Her symptoms were rectal pain, bleeding, and discharge with no change during the past 10 years.

Endoscopy showed mucosal erythema, oedema, and friability. Cultures were negative. Histological examination of rectal biopsy specimens showed diffuse chronic inflammatory cell infiltrate. Anal manometry using water perfused manometric assembly with seven side hole catheters was performed. The Table shows the results.

**Physiology studies**

<table>
<thead>
<tr>
<th>Anal sphincter length</th>
<th>3 cm</th>
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<tbody>
<tr>
<td>Maximum resting pressure</td>
<td>60 mm Hg</td>
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<tr>
<td>Maximum squeeze pressure</td>
<td>70 mm Hg</td>
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<tr>
<td>(above the resting pressure)</td>
<td></td>
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<tr>
<td>First sensation of rectal feeling</td>
<td>30 ml</td>
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<tr>
<td>Maximum tolerable volume</td>
<td>80 ml</td>
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The physiological studies show that in this case 13 years of diversion caused exclusion colitis with mild symptoms and with no adverse effect on the anal sphincters.

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**Reply**

**EDITOR,—** It was interesting to hear the experience of Lysy and Klar with a patient who had had anorectal defunction for 13 years, but maintained reasonably normal anal sphincter manometry. The maximum tolerable rectal volume is low, but this, one would suspect, is related to the diversion proctitis changes. Although reversal of a stoma in this circumstance may be slightly technically more demanding because of the rectal stump shrinkage, it would seem that even after this length of time one might expect good control based on the sphincter manometry, and the symptoms related to diversion changes should resolve.

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**BOOK REVIEWS**


Restorative proctocolectomy for the treatment of ulcerative colitis and, in some cases, as a treatment option for familial adenomatous polyposis is here to stay. Thus, it is timely that there should be an inexpensive, comprehensive text both to describe the operation and its developments since its inception 15 years ago. Restorative proctocolectomy may not be the optimum operation for all patients with ulcerative colitis and certainly not the panacea of sphincter saving procedures for familial adenomatous polyposis. Nevertheless, the operation is now widely practised in Europe and North America. Patients request an operation that avoids a permanent ileostomy and surgeons must be equipped to deal with the modern demands that sphincter saving procedures have made on their choice of surgical procedures.

The book will largely be of benefit to surgeons but it should not be dismissed by physicians providing advice for patients with inflammatory bowel disease. Gastroenterologists should be aware of the outcome of pouch surgery so that they can appropriately inform their patients of the functional results as well as the risk of complications. In particular, the complication of pouchitis should be thoroughly understood by gastroenterologists, thus it is appropriate that this new contribution to the medical literature should provide the reader with information on reservoir pouch ileitis as well as technical details of the operation.

The editors should be congratulated for a well balanced text that provides the following important contributions: (1) A historical account of how the operation first evolved. (2) A most important section on patient selection for the procedure. (3) Details of the surgical techniques of pouch construction. (4) A comprehensive account of the complications that may occur. (5) Particular problems that the surgeons might encounter. (6) The physiological impact of the operation on anal and small intestinal function. (7) A comprehensive review of reservoir pouch ileitis with particular reference to its pathological, physiology, aetiology, diagnosis, specific pathological features, and treatment, aspects of which are covered in three separate chapters.

For the surgeon, the chapter on problem solving will be particularly valuable. This highlights technical difficulties that surgeons might encounter during pouch construction and provides the reader with a variety of tricks to overcome potential technical pitfalls. By contrast, the physician will find the chapters devoted to pouchitis, pouch ecology, and pouch pathology to be very helpful when they follow up or are referred back to patients who have had previous pouch surgery.

The book is well referenced and thoroughly up to date. The tables and illustrations are clear. The text is concise and all the contributors are acknowledged experts in the field.

This will be an important contribution, particularly as it is unlikely that there will be important changes in the development of pouch surgery in the next decade.

M R B KEIGHLEY


The editors of this book come from Ann Arbor, Michigan and Birmingham, England, both with extensive experience in clinical and experimental liver transplantation. They have brought together 34 authors to produce a practical volume to aid those who are involved in liver transplantation. The book is primarily a wide expertise and, as the authors point out, the book is directed especially towards physicians who are not full time hepatologists to provide them with a background on the procedures and assessment. It is a practical volume that is a wide expertise and, as the authors point out, the book is directed especially towards physicians who are not full time hepatologists to provide them with a background on the procedures and assessment. It is a practical volume that may be the optimum operation for all patients with ulcerative colitis and certainly not the panacea of sphincter saving procedures for familial adenomatous polyposis.

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