

Selected Abstracts

Pages with reference to book, From 267 To 267

Mallory-Weiss Syndrome, Retrospective Review of Eight Years' Experience. Sherman D. Hixson R. Phillip Burns and Louis G. Britt. South. Med. J., 1979, 72-1249.

Sixty-five patients with Mallory-Weiss syndrome diagnosed between 1970 and 1977 were reviewed. All had a hematemesis; 43 of those 63 had emesis without blood before the onset of hematemesis. Recent and chronic ethanol ingestion was frequently noted. Endoscopy was done in 55 patients with a positive diagnosis in 50. In the other five patients, the field was obscured by active bleeding. Angiography was done on 16 patients, usually on those who were considered to be bleeding too actively to undergo endoscopy. The bleeding was localized in 13 of those patients. An upper gastrointestinal series was not diagnostic of a bleeding Mallory-Weiss tear in any of the 31 patients in whom it was done. Twenty-eight patients, 43 per cent, required an operation. The operated patients received an average of six units of blood pre-operatively. Operation consisted of a high gastrotomy and suture ligation of the bleeding point. There were five deaths, two in the non-operative group and three in the operative group.

Frequent Course

The recent literature was reviewed and it was concluded that Mallory-Weiss syndrome is a frequent cause of upper gastrointestinal hemorrhage, endoscopy is the most expeditious and successful diagnostic tool arteriography is helpful if hemorrhage is active and endoscopy is unsuccessful and even though monoprotective therapy is definitely indicated, operation may be necessary after transfusion of five to six units of blood without stabilization of vital signs.

-Robert D. Siglery

Surgical Treatment of Chronic Pancreatitis; Twenty-Two Years' Experience. I. William Traverso, Ronald K. Tompkins, Paul T. Urrea and William P. Longmire, Jr. Ann. Surg., 1979, 190-312.

Gut of four hundred and nineteen patients with a diagnosis of pancreatitis, seventy-four patients 27 per cent, underwent operations for pancreatitis. In the operated patients, there was a positive correlation with alcohol use in 65 per cent and a negligible incidence of associated biliary tract disease, 8 per cent. The remaining 28 per cent of patients were categorized as miscellaneous, but these patients probably were also associated with unverified alcoholic intake rather than other causes. The predominant indication for operation was abdominal pain followed by the necessity for drainage of a pseudocyst in 26 per cent although most of the latter also complained of abdominal pain. Previous pancreatic operations had been performed on 17 per cent, half of which were pseudocyst drainage procedures. Other major operations, primarily cholecystectomy, had been performed on 49 per cent. Nineteen patients had pseudocyst drainage 24 patients had some type of ductal drainage and 28 patients had some type of resectional operation. Three patients underwent a choledocho-jejunostomy only. There were no intraoperative deaths. The 30 day postoperative death rate was 7 per cent, owing to an uncontrolled bleeding ulcer and hepatic failure in one patient each and myocardial infarction or arrhythmia in three patients. Major postoperative complications, which occurred in 11 per cent, included pneumonia, 3 per cent, pulmonary embolus, 1 per cent, myocardial infarction, 3 per cent, and wound infection, 4 per cent. By the time of discharge, no patient was taking demerol or morphine, 31 per cent were receiving insulin and 81 per cent claimed that their pain had decreased or totally disappeared.

The combined group who underwent total and cephalic pancreaticoduodenectomy proved to have more effective response with respect to pain relief and readmission than the group that had pseudocyst

drainage. The comparison of groups that underwent resection or ductal drainage showed no statistical differences for the above variables. Regardless of operation type, there was a favorable result and a return to normal activity if the patient had pancreatic calcifications or did not resume use of any quantity of alcohol.

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