Selected Abstracts

YANEK S. Y. CHIU, *Editor*

Navab F, Boyd CM, Diner WC, Subramani R, Chan C. Early and delayed Indium 111 leukocyte imaging in Crohn's disease. Gastroenterology 1987;97:829.

Twenty-seven patients with Crohn's disease were studied with indium-111 leukocyte imaging for the presence and location of activity. Results were compared with other parameters of disease activity including Crohn's disease activity index, barium studies, and endoscopy. Delayed (18 to 24 hour) imaging showed more sensitivity and specificity for the presence of Crohn's disease when compared with these other parameters than did early (4 hour) imaging alone. The presence of activity on early and delayed imaging agreed with activity on barium studies and colonoscopy in approximately 80 percent of cases. The usefulness of this test in the management of patients with Crohn's disease remains to be established.—RICHARD P. BILLINGHAM, M.D.

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Hoff G, Foerster A, Vatn MH, Sauar J, Larsen S. Epidemiology of polyps in the rectum and colon: recovery and evaluation of unresected polyps 2 years after detection. Scand J Gastroenterol 1986;21:853.

In an endoscopic screening study of men and women between the ages of 50 and 59, 215 polyps less than 5 mm in diameter were left *in situ*. At a two-year follow-up examination, 74 percent of these polyps were still present and were recovered for histologic examination; 57 polyps were registered as new. Histologic exam showed 50 percent of the polyps to be hyperplastic, 23 percent adenomatous, and 23 percent mucosal tags. No polyp had reached a size of more than 5 mm in two years; no cases of severe dysplasia or carcinoma were found. The number of patients in this study is small, they were all between 50 and 59 years of age, and there is no mention of whether some had malignancy found concurrently with the initial screening examination. The authors conclude that the time interval between initial examination, with removal of polyps 5 mm or larger in diameter, and the first follow-up examination may be safely set at two years. Much work is needed for confirmation of this data before completely accepting their conclusions.—RICHARD P. BILLINGHAM, M.D.

Stryker SJ, Wolff BG, Culp CE, Libbe SD, Ilstrup DM, McCarty RL. Natural history of untreated colon polyps. Gastroenterology 1987;93:1009.

In an effort to add information to support the adenoma-carcinoma hypothesis, patients with colonic polyps 10 mm or more in diameter were followed radiographically for many years. In the six-year period prior to the advent of colonoscopy, 226 patients were identified who met these criteria. During the follow-up period (mean, 108 months; range, 24 to 225 months), 37 percent of these polyps enlarged. Actuarial analysis revealed that the cumulative risk of cancer diagnosed at the polyp site at 5, 10, and 20 years was 2.5%, 8%, and 24% respectively. Most malignant tumors in this series were found in lesions originally measuring 10 to 14 mm. While the study does not prove the malignant transformation of adenomatous polyps, it does address the practical problems of the practice of "radiologic observation" of such polyps over many years. Colonoscopic removal of such polyps, as well as periodic surveillance of the entire colon in such patients continues to be advocated.—RICHARD P. BILLINGHAM, M.D.

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Rao SSC, Read NW, Brown C, Bruce C, Holdsworth CD. Studies on the mechanism of bowel disturbance in ulcerative colitis. Gastroenterology 1987;93:934.

Transit time and stool output were measured in 62 patients with ulcerative colitis. Twenty sex-matched normal subjects were also used for comparison. Patients with active colitis had proximal colonic stasis, whereas transit through the rectosigmoid region was rapid. Stool weights and frequencies were higher in patients with active colitis than in patients with quiescent disease. Patients with active colitis also passed smaller amounts of stool during each bowel movement, suggesting that they experienced a desire to defecate at lower rectal volumes. These data suggest that diarrhea in ulcerative colitis is associated with rectosigmoid irritability rather than rapid transit, and caution should be used when treating active colitis with antidiarrheal drugs that could further retard proximal colonic transit.—RICHARD P. BILLINGHAM, M.D.

Müller-Lissner SA. Bavarian constipation study group: treatment of chronic constipation with cisapride and placebo. Gut 1987;28:1033.

One hundred twenty-six patients with chronic laxative abuse and idiopathic painless constipation were randomly assigned to double-blind treatment with either placebo or cisapride, a new prokinetic drug. Both cisapride and placebo increased spontaneous stool frequency and diminished laxative consumption; the differences before and after treatment with cisapride were statistically significant. While the long-term effects of cisapride use are not yet known, this may represent a healthier alternative to the chronic use of anthraquinone laxatives in patients with idiopathic painless constipation.—RICHARD P. BILLINGHAM, M.D.

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Carlsson G, Petrelli N, Nava H, Herrera L, Mittleman A. The value of colonoscopic surveillance after curative resection for colorectal cancer or synchronous adenomatous polyps. Arch Surgery 1987;122:1261.

In previous series using follow-up colonoscopy, the reported incidences of metachronous adenomatous polyps and cancer have ranged from 13 percent to 21 percent and from 1.7 to 4.6 percent respectively. The absence of information concerning preoperative colonoscopy in these reports makes it difficult to evaluate the value of postoperative colonoscopy. In this study, 121 patients who underwent colonoscopy prior to a potentially curative resection were followed up with at least two postoperative colonoscopies. In 91 patients (70 percent), preoperative colonoscopy revealed no synchronous adenomatous polyps or cancer. Synchronous adenomatous polyps were found in 35 patients (27 percent), and three patients (2.3 percent) had a synchronous invasive cancer. Significantly more patients with initially synchronous adenomatous polyps (54 percent; 19/35) developed metachronous adenomatous polyps during the follow-up period compared with patients without synchronous polyps (26 percent; 24/91) ($P < .01$). Although not statistically significant, patients with synchronous polyps less than 30 cm from the primary lesions developed metachronous polyps more often (68 percent) than did patients whose synchronous polyps were more than 30 cm from the primary lesion (37 percent). Another finding was that in 65 percent of patients with metachronous polyps, cancers or recurrences at anastomotic sites, the pathologic feature was found within 60 cm from the anal verge or from the permanent sigmoid colostomy. This would mean that 35 percent of lesions would have been missed with a flexible sigmoidoscope. This paper confirms the value of colonoscopic surveillance after curative resection for colorectal cancer.—ROY E. BREEN, M.D.

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Herrera-Ornelas L, Justiniano J, Castillo N, Petrelli NJ, Stulc JP, Mittleman A. Metastases in small lymph nodes from colon cancer. Arch Surg 1987;122:1253.

Wide variations exist in the total number of lymph nodes and the number of lymph node metastases found in specimens from resections for colorectal carcinoma. This may be due to a number of factors, including the extent of surgical resection and the diligence of the pathologist's search. The authors used a lymph node clearing technique that involves dissolving the fat in the surgical specimen. In the specimens of 52 consecutive patients, a mean of 52 lymph nodes was found (range, 5 to 151). Sixty-four lymph nodes were positive for metastases in 21 (40 percent) of 52 patients. Neither the level of invasion into the bowel wall nor the physical characteristics of the tumor proved to be helpful as predictors of lymph node metastases. Fifty-nine of the 64 positive lymph nodes were remeasured. Thirty-nine lymph node metastases measured less than 5 mm, 13 were between 5 and 10 mm, and eight were larger than 10 mm. They concluded that lymph node metastases in colon cancer occur most frequently in lymph nodes measuring less than 5 mm. Their patients with Dukes' B lesions had a five-year survival of approximately 86 percent. This is significantly higher than most series and may be due to different staging of patients with metastases in small lymph nodes that cannot be recognized by pathologists using manual methods for recognition of lymph nodes.—ROY E. BREEN, M.D.

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Machi J, Isomoto H, Yamashita Y, Kurohiji T, Shirouzu K, Kakegawa T. Intraoperative ultrasonography in screening for liver metastases from colorectal cancer: comparative accuracy with traditional procedures. Surgery 1987; 101:678.

Inspection and palpation at laparotomy may fail to detect small hepatic metastases from colorectal cancer. The authors reported their preliminary results with the use of high-resolution real-time intraoperative ultrasonography (US) in a 1986 issue of the *Diseases of the Colon and Rectum*. This more recent report reviews the comparative accuracy of intraoperative US with preoperative US, computed tomography (CT), and surgical exploration. In 61 of 84 patients (76.6 percent), examination revealed no hepatic metastases. In the remaining 23 patients, a total of 46 metastatic tumors were found. Preoperative CT and US revealed 23 (50 percent) of the tumors and surgical inspection and palpation identified 27. Intraoperative US detected 14 metastatic lesions in ten patients, which were unrecognized by other means. These lesions were all small in size (< 2 cm). The sensitivity of intraoperative US was significantly superior ($P < .01$) to that of the traditional procedures. Therefore, its use should be considered in screening of liver metastases during surgery for colorectal cancer.—ROY E. BREEN, M.D.

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Endean ED, Ross CW, Strodel WE. Kaposi's sarcoma appearing as a rectal ulcer. Surgery 1987;101:767.

In the past, Kaposi's sarcoma was a rare indolent cutaneous cancer usually found on the lower extremities of elderly men who had a high incidence of a second neoplasm. In contrast,