

### 13. RELATIONSHIP BETWEEN INITIAL CLINICAL FINDINGS AND PROGNOSIS OF GASTRIC ULCERS

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Most gastric ulcer patients can be successfully treated by medical regimen, although a failure may be encountered in some instances and the recurrence not infrequently. This report describes the clinical course of gastric ulcer particularly in relation to its characters at the first examination.

Three hundreds and fifty-five patients with gastric ulcer were studied. Cure rate of the present series was 24% within a month, 59% within 2 months, 73% within 3 months and 84% within 6 months.

When age factor was considered, however, the cure rate within 3 months was 83% in ulcer patients younger than 29 years old, 83% in the thirties, 64% in the forties, 65% in the sixties and 78 in the olders than 70 years.

Ulcers in the hyper and normoacidics healed most rapidly, the same cure rate of 79% being obtained within 3 months. In contrast, it was 48% and 69% in the achlorohydrics and hypoacidics, respectively.

When cure rate was examined in relation to the initial X-ray findings, 76% of the ulcers without and 74% of the ulcers with radiated mucosal folds healed within 3 months; however, only 58.5% of the ulcers associated with marked radiated mucosal folds healed. Seventy-six per cent of the ulcers smaller than 1.0 cm in diameter on roentgenograms, and 69% of the ulcers larger than 1.0 cm in diameter healed within 3 months. Similar cure rate were also observed when ulcers were divided into two groups, i.e. ones shallower than 0.5 cm and the others deeper than 0.5 cm.

The three month-cure rate, obtained according to the characters of ulcer base, was 76%, 73% and 65% in faintly coated, thickly coated and blood-tinged or dirty necrotic base, respectively. When the presence or absence and the degree of marginal elevation were considered, the 3-month-cure rate was 85% in the ulcers without the elevation and 54% and 51% in the ulcers with moderate and marked elevation. The 3-month-cure rate in the ulcers without Henning sign was 84% as compared with 66% in those with Henning sign.

Among the 106 patients who were reexamined within a year after healing, 35% were found to have recurred ulcers. Among these cases, however, the recurrence rate was 31% in those which required less than 3 months for the first healing and 60% in those which required more than 3 but less than 6 months. However, the recurrence rate appeared steadily to increase as the time elapsed after the first healing, as shown by 52% and 56% within 2 years and 3 years after the first healing.

Similarly, a relation of the initial clinical findings to recurrence rate was also investigated but no particular relation was noted.

### 14. RELATIVE INDICATION FOR OPERATION IN GASTIC ULCER A BRIEF TRIAL OF RIGID MEDICAL MANAGEMENT

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While the medical treatment is the rule in uncomplicated gastric ulcer, the starting point appears to consist in the indication for operation. As the criterion for the relative indication for operation, a brief trial of rigid medical management was studied.

1. The actual state of the treatment of gastric ulcer in the hospital was analyzed and the incompleteness was pointed out both from the patients and the physicians. For example, at the stage of diagnosis, approximately half of the patient fell off. The rate of cure in medical treatment was only 28.5%.
2. Using the brief trial of rigid medical management as the starting point of the management

of gastric ulcer, we determine the relative indication for operation through the reaction of the ulcer to treatment. When medical treatment was decided on this method of diagnosis through treatment, the course was favorable giving the rate of cure of 82%. In cases in which the poor response to such treatment suggested the indication for operation but operation was deferred for observation of the course, the subsequent course was rather poor, giving the rate of cure of only 15%.

3. From the X-ray and endoscopic findings, the presence of deep ulcer (UI-IV) was predicted preoperatively. The correct prediction was done in 85%.
4. Through this trial of therapeutical diagnosis, 57% of cases in which the presence of deep ulcer was suspected by means of X-ray and endoscopic examination responded favorably, showing the tendency of healing.

Although the response of ulcers to treatment may be predicted to some extent from clinical findings, relative indication for operation appears to be best decided by such a trial of therapeutical diagnosis since even a deep ulcer occasionally shows a tendency of healing.

## (B) Cholelithiasis

### 1. A CASE OF CHOLECYSTOPATHY WITH MARKEDLY DILATED GALL BLADDER

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There are controversies in the choice of surgical treatment on cholecystopathy.

A case of cholecystopathy, who showed sudden dilatation of the gall bladder and went to operation after our medical supervision for ten years, is presented. During these ten years, patient complained intermittent colicky pain on the right upper quadrant and fever with shaking chill, but responded very well to the conventional medical treatment including duodenal tubing and antibiotics in each episode. At the operation, there were several intrahepatic gall stones which never had been demonstrated by repeated cholecystographies.

The limitations of medical treatment on cholecystopathy is also discussed.

### 2. OPERATIVE INDICATION OF SO-CALLED SILENT STONE

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For the first, a typical case of this disease will be represented. A 35 year old female sometimes complained uneasiness in the abdomen since 4 years ago. She was once diagnosed to have tuberculous peritonitis.

Because of recent fatigue, she visited a doctor and transferred to our clinic under diagnosis of suspected cholelithiasis. The patient has never complained hypochondrial pain on the right side, jaundice or fever. When hospitalized, no abnormality such as tenderness was observed in the abdomen except swelling of the liver of 1 finger breadth. Examinations also revealed no abnormality except disturbance in liver function. Cholecystography was performed and cholelithiasis was ascertained. Laparotomy was carried out. In the extirpated gall-bladder, stones of finger-tip-size were discovered. Since the liver showed an appearance of cirrhosis, small section was taken from the liver for biopsy, which revealed finding of cirrhosis of the considerable degree. However, finding of liver function test improved gradually after surgery. She is doing well for 4 years and a half, postoperatively.

In our clinic, 268 cases of cholelithiasis were experienced during the period of 8 years and