1- Prediction of oesophageal speech outcome after total laryngectomy
Prediction of oesophageal speech in patient have their larynx removed for cancer, younger patients, and who have good morals and motives are good candidates to acquire esophageal speech and can deal with the environment in a very good manner.

2- Dysphagia After Total Laryngectomy: Motility Report
Total laryngectomy patients have major motility changes after the operation.

3- Tauberian-Prony Feature Extraction Technique for Esophageal Motility Patterns
21(2)


Abstract
BACKGROUND/AIMS:
Gastric cancer has a poor prognosis, this is partly due to the advanced stage in which the tumor is diagnosed. The objective of this study is to elucidate the clinical significance of DNA flow cytometry and study its impact on monitoring the progression of gastric precancerous lesions in patients with gastric dyspepsia, and to correlate between endoscopic and histopathological findings with results of DNA flow cytometry.

MATERIAL AND METHODS:
A total of 92 cases underwent upper gastrointestinal endoscopy, 69 males with mean age 44.0 years and 23 females with mean age 38.7 years. Based on the endoscopic appearance, patients under study were classified into: 15 cases with endoscopic normal mucosa (EN), 26 cases with endoscopic gastritis (EG), 43 cases with duodenal ulcer (DU), and 8 cases with gastric ulcer (GU). Two antral biopsies were taken for histopathology and DNA flow cytometry.

RESULTS:
Chronic gastritis (CG) was present in 12 (80%) of EN cases. In DU patients, CG was present in 42 (97.7%) of cases, and it was associated with intestinal metaplasia (IM) in 11 (25.6%), and with dysplasia in 9 (20.9%) of these cases. While in GU patients, CG was present in all cases. Two (13.3%) of endoscopic normal cases revealed DNA aneuploidy in specimens with CG. The incidence of aneuploidy increases as the endoscopic findings changes from EG (15.4%), DU (16.3%) to GU (37.5%), and as the histopathological changes progresses from chronic atrophic gastritis (CAG) (18.2%), IM (21.7%) to dysplasia (33.3%).

CONCLUSION:
DNA aneuploidy is a useful marker for recognizing the presence of abnormal cells in epithelial lesions of the stomach, and for monitoring the progression of gastric lesions. Patients with gastric dyspepsia should not only be subjected to endoscopy but also to biopsy and DNA flow cytometry to allow the early detection of malignant transformations in gastric precancerous lesions.

5-

**Functional outcome after Swenson’s operation for Hirschsprung’s Disease**

ABSTRACT

Background/Aim: Hirschsprung’s disease (HD) is one of the most common causes resulting in lower intestinal obstruction in children with atypical clinical symptoms and inconspicuous morphological findings by barium enema X-ray. Recently, this situation has been largely ameliorated by improvement of instrument for measurement of anorectal pressure. By now, anorectal manometry has been regarded as a routine means for functional assessment and diagnosis of HD. It is accurate in nearly all cases of HD with characteristic absence of rectoanal inhibitory reflex. Different surgical modalities of treatment are available and Swenson’s operation is one of the surgical procedures done for HD. Anorectal manometric findings may change after Swenson’s operation with improvement of rectoanal inhibitory reflex in some cases.

We aimed to evaluate functional results after Swenson’s operation for HD using anorectal manometry.

Patients and Methods: Between 1996 and 2005, 52 patients were diagnosed with HD and operated upon by Swenson’s operation in Gastroenterology Center, Mansoura University. There were 33 males (63.46%) and 19 females (36.54%) with a mean age of 3.29 ±1, (range 2-17 years). Anorectal manometry and rectal muscle biopsy were done preoperatively for diagnosis but after operation anorectal manometry was done after every six months and then yearly. Results: All of the 52 patients showed absent rectoanal inhibitory reflex on manometric study with relatively higher resting anal canal pressure and within normal squeeze pressure. Postoperatively, there were 35 continent patients (67.31%) with 11 patients (21.15%) showing minor incontinence and six (11.54%) with major incontinence. On the other side, there were five patients (9.62%) with persistent constipation after operation (three due to anal stricture and two due to residual aganglionosis).

Postoperative manometric study showed some improvement in anal sensation with the rectoanal inhibitory
reflex becoming intact in six patients (11.54%) four years after operation. Conclusion: Anorectal manometry is a more reliable method for diagnosis of HD than barium enema X-ray but for final diagnosis, it is reasonable to combine anorectal manometry with tissue biopsy. Functional outcome after Swenson’s operation for HD may improve in some patients complaining of incontinence or constipation. Anorectal manometry may show improvement of the parameters after Swenson’s operation.

Key Words: Hirschsprung’s disease, Swenson’s operation, anorectal manometry

6- Conventional haemorrhoidectomy, stapled haemorrhoidectomy, Doppler guided haemorrhoidectomy artery ligation; post operative pain and anorectal manometric assessment.

Abstract

BACKGROUND/AIMS: The aim of the present article was to compare stapled haemorrhoidectomy, and haemorrhoidal artery ligation with open haemorrhoidectomy with respect to the postoperative pain, symptom control, and manometric alterations.

METHODOLOGY: Forty five patients with third or fourth-degree haemorrhoids were randomly classified into three groups; first group managed by stapled haemorrhoidectomy, second group managed by conventional haemorrhoidectomy and third group managed by Doppler guided haemorrhoidal artery ligation. (15 patients each) Preoperative and 12 weeks postoperative anorectal manometry were done for all patients.

RESULTS: There was a significant difference of the operative time between stapled group and Milligan-Morgan group (p < 0.001) while no significant difference between stapled group and Doppler group. The pain scores were significantly higher in open group (p < 0.001) during the first 24 hours at the time of first motion and one week after operation. Postoperative control of prolapsed symptoms was significantly better with open diathermy haemorrhoidectomy than with stapled. The control of other symptoms was similar with regard to bleeding, pain, pruritus, and incontinence scores. Anorectal manometry showed a decrease in the maximum resting pressure and maximum squeeze pressure in all groups, but this decrease was only significant in the stapled haemorrhoidectomy group.

CONCLUSIONS: Stapled and Doppler haemorrhoidectomy is as effective as conventional haemorrhoidectomy for the treatment of haemorrhoids, but with the exception of skin tag prolapse. There is a need for long-term follow-up for the changes in manometric parameters after haemorrhoidectomy.

PMID: 19760931 [PubMed - indexed for MEDLINE]

7- Pelvic floor dyssynergia: Efficacy of biofeedback training

Abstract

BACKGROUND AND STUDY AIMS: Paradoxical contraction of the pelvic floor during attempts to defaecate is described as pelvic floor dyssynergia (anismus). It is a behavioural disorder (no associated morphological or neurological abnormalities); consequently, biofeedback training has been recommended as a behavioural therapy for such a disorder. The aim of the present
study was to evaluate long-term satisfaction of patients diagnosed with pelvic floor dyssynergia after biofeedback.

PATIENTS AND METHODS:
Sixty patients (35 females and 25 males) with a mean age of 3012 ± 1 years and a 4-year duration of constipation were included. Forty-five patients had normal colonic transit and 15 patients had slow colonic transit. History, physical examination and barium enema were done to exclude constipation secondary to organic causes. Colonic and pelvic floor functions (colon-transit time, anorectal manometry, EMG and defaecography) were performed before and after biofeedback treatments. Patients were treated on a weekly basis with an average of (62 ± 1) sessions.

RESULTS:
At the end of sessions, 55 out of 60 patients (91.6%) reported a subjectively overall improvement. Symptoms of dyschezia were reported less frequently after biofeedback. Age and gender were not predictive factors of outcome. No symptoms at initial assessment were predictive for patientâ€™s satisfaction but the only factor of predictive value was the diagnosis of anismus and the motivated patient who wanted to continue the sessions.

CONCLUSION:
Biofeedback remains a morbidity free, low-cost and effective outpatient therapy for well-motivated patients complaining of functional constipation and diagnosed as pelvic floor dyssynergia.

8-

**Surgical management of gastric gastrointestinal stromal tumour**

Abstract

**BACKGROUND/AIM:**
Gastrointestinal stromal tumors (GISTs) are the most common mesenchymal tumors of the gastrointestinal tract. Surgery remains the mainstay of curative treatment. Our objective is to evaluate the outcome of surgical treatment of primary gastric GIST.

**MATERIALS AND METHODS:**
Between January 1997 and April 2008, thirty seven consecutive patients underwent resection for GISTs (35 patients with primary gastric GISTs and two patients with intestinal GISTs who were excluded from the study). These patients underwent upper endoscopy ± biopsy, barium meal and abdominal CT scan. Patientsâ€™ demographics and clinical presentations were analyzed. Perioperative parameters measured included operative times, estimated blood loss, intraoperative finding, surgical techniques, morbidity and length of hospitalization. Recurrence and survival were also analyzed.

**RESULTS:**
Of the 35 patients with gastric GISTs included in the study, 63% were female. The median age was 59 14 ± 1 years (range, 23 to 75 years). The primary presenting symptoms were bleeding and dyspepsia; 43% of these tumors were located mainly in the body of the stomach. Tumor size was < 10 cm in 80% of the patients. The average tumor size was 6.3 ± 1 cm (range from 3 to 13 cm). Regarding the surgical management, 20 patients (57%) underwent gastric wedge resection, eight patients (23%) underwent partial gastrectomy and the remaining seven patients (20%) underwent total gastrectomy. Radical resections were found in 32 patients (91.5%) while palliative resections were found in three patients (8.5%). The resected lymph nodes were negative in 32 patients.
Recurrence was noted in three patients, with a median time to recurrence of 14.3 months (range, 7 to 28 months). The three- and five-years survival in patients who underwent wedge resection was 92% and 81%, respectively, where it was 95% and 87%, respectively, in patients who underwent gastrectomy (either partial or total). There were no major intraoperative complications or mortalities.

**CONCLUSION:**
Complete surgical resection either through wedge resection or gastrectomy with negative margins remains the gold standard treatment in the management of patients with primary resectable gastric GISTs.

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**Laparoscopic Heller Myotomy For Achalasia: Analysis of Successes And Failures. Hepato-Gastroenterology 2012; 117:1450-1454**

**BACKGROUND/AIMS:**

The outcome of laparoscopic myotomy for achalasia is dictated by many factors.

**METHODOLOGY:**

A retrospective study was conducted between 1997-2007, 58 patients who fulfilled all criteria for the diagnosis of achalasia underwent laparoscopic Heller myotomy and 45 (77.6%) were included. Mean follow-up period was 3615±1 months; 56 patients had Dor fundoplication; 17 patients had been previously treated by pneumatic dilatation. All steps of the procedure, esophageal manometric findings and radiological records were analyzed to determine factors contributing to the clinical success or failure of the operation. The main outcome measure was swallowing status.

**RESULTS:**

Median hospital stay was 31±1 days and mean operative time was 7520±1 min. There were 7 intra-operative mucosal injuries; all sutured laparoscopically (5 had previous pneumatic dilatation). Good or excellent relief of dysphagia was obtained in 41 patients and was persistent among 2 patients (both had pneumatic dilatation preoperatively). The remaining 2 patients developed gastroesophageal reflux symptoms. These 41 patients had a preoperative smaller diameter of the esophagus (stage I, II and III), while those with guarding results (4) had stages III and IV. There was a decrease in LES pressure from 457±1 mmHg to 102±1 mmHg without evidence of restoration of esophageal peristalsis in any patient.

**CONCLUSIONS:**

Laparoscopic Heller myotomy with Dor fundoplication significantly relieves the symptoms of achalasia without causing the symptoms of gastroesophageal reflux disease. A good postoperative result is expected when the length of myotomy is adequate, LES pressure declines substantially, preoperative esophageal dilation is not excessive and distortion of the distal esophagus is absent.

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**Outcome & predictors of success of biofeedback for patients with spastic pelvic floor syndrome. Egyptian Journal of Surgery Vol. 31, No. 4, October 2012.**
Aim: The study was undertaken to determine outcome and to identify predictors of success of biofeedback for patients with spastic pelvic floor syndrome.

Patients & Methods: The study was done on 50 patients (35 females & 15 males) with a mean age of 30 ±10 years & a mean duration of constipation of 5 years. History, physical examination & barium enema excluded constipation secondary to organic causes. Then a series of tests of colonic & pelvic floor functions were performed before & after biofeedback treatment: colon- transit time, anorectal manometry EMG & defecography. Patients were treated on a weekly basis (average of 7 ±2 sessions). Parameters included use of cathartics, number of spontaneous bowel movements per week, number of biofeedback sessions, results of anorectal physiology testing & patient satisfaction.

Results: The median number of spontaneous bowel movements per week before treatment was zero. Thirty five patients had complete success, 11 patients showed partial success and 4 patients had no improvement. Neither patient age, sex, symptom at initial assessment, nor duration of symptoms significantly affected outcome. Good indicators of success were ability to expel the balloon & to relax the pelvic floor early in the sessions. Also, the motivated patient who wants to continue the sessions, to cooperate & to spend time with the therapist was the most important predictive factor of success.

Conclusion: Biofeedback is an attractive treatment option as other therapies are associated with considerable morbidity for patients with spastic pelvic floor syndrome.

11-


Background/Aims: The association of esophageal motility and gastroesophageal reflux symptoms with respiratory symptoms is not well established in patients with chronic obstructive pulmonary disease (COPD). The aim of this work is to study the abnormalities of esophageal function in COPD patients and study its relation to smoking index, body mass index and indices of hyperinflation. Methodology: This study included 40 male COPD patients and 10 healthy controls. The patients and controls were subjected to spirometry, body plethysmography, esophageal manometry and 24hr pH-metry.

Results: Upper gastrointestinal symptoms were found in 55% of patients, hypotensive upper esophageal sphincter pressure in 65% of patients and hypotensive lower esophageal sphincter pressure in 52.5% of patients. Pathological acid reflux was found in 35% of patients. The severity of GERD increased with increased age, smoking index and body mass index, p
Stapler’s malfunction during laparoscopic sleeve gastrectomy: an unusual but correctable complication. Surgery for Obesity and Related Diseases 9 (2013) 144–146

The number of laparoscopic sleeve gastrectomies (LSGs) performed annually as a primary bariatric procedure has significantly increased all over the world [1,2]. According to many published studies, LSG has proved to be well tolerated and effective, with a significant reduction of obesity-related co-morbidities [3–5].

The key factors for the worldwide acceptance of LSG as a standalone bariatric procedure are not only its safety profile and efficacy but also its simplicity compared with other bariatric procedures such as laparoscopic Roux-en-Y gastric bypass and duodenal switch. However, LSG is not devoid of complications, such as leakage, bleeding, and stenosis. In LSG, the surgeon depends on staplers for creation of a small gastric tube, but these staplers sometimes have mechanical problems and malfunction.


BACKGROUND/AIMS:
Surgical resection remains the best treatment for patients with periampullary tumors. Many series have been reported with low or zero mortality, however, high incidence of complications is the rule. This study aims to present the results of pancreaticoduodenectomy and factors predisposing to postoperative complications, especially pancreatic leak, at our center.

METHODOLOGY:
Between January 2000 and December 2006, 216 periampullary tumors were treated by Whipple pancreaticoduodenectomy. Pancreaticogastrostomy was done in 183 patients and pancreaticojejunostomy in 33 patients. Hospital mortality and surgical complications were recorded with special emphasis on pancreatic leak. All specimens were histologically examined for the presence and origin of malignant tissue.

RESULTS:
The mean age was 58 years and male to female ratio was 2:1. The commonest symptom was jaundice (97.7%) followed by abdominal pain (74%). Operative mortality in 7 patients (3.2%). 71 (33%) patients developed 1 or more complications, pancreatic leak occurred in 23 (10.6%) patients, abdominal collection in 23 patients (10.6%) and delayed gastric emptying in 19 (8.8%) patients. Factors that influenced the development of postoperative complications included type of pancreaticoenteric anastomosis, pancreatic texture and intraoperative blood transfusion of 4 or more blood units. Pancreatic leak was commoner with PJ (p=0.001), soft pancreatic texture (p=0.008), intraoperative blood
CONCLUSIONS:
Surgery is the only hope for patients with periampullary tumors. Postoperative complications after pancreaticoduodenectomy depend largely on surgical technique and can be reduced reasonably with the adoption of pancreaticogastrostomy, which is safer and easier to learn than pancreaticojejunostomy.

14-

BACKGROUND/AIMS:
Infants and children who underwent open Nissen fundoplication for gastroesophageal reflux disease were retrospectively evaluated to assess the success and complications of this operation.

METHODOLOGY:
Twenty-six neurologically normal children (16 boys and 10 girls between 6 months and 11 years old) underwent Nissen fundoplication for intractable or complicated gastroesophageal reflux between October 1982 and February 2002. Before surgery and at follow-up visits, all children were subjected to thorough history, barium meal study and gastroscopy with multiple esophageal biopsies. The median follow-up period was 28 months (range: 11 months-19 years).

RESULTS:
Persistent vomiting or regurgitation since birth was the main symptom (24 patients, 92.3%), chest symptoms occurred in 5 patients (19.2%), malnutrition and retarded growth were found in 4 patients (15.4%), hematemesis and/or melena occurred in 2 patients (7.7%) and dysphagia due to esophageal stricture occurred in 4 patients (15.4%). There was no mortality. The mean hospital stay was 4.1 days. Twenty-two patients (84.6%) had no recurrent reflux. Reflux symptoms recurred in 4 cases (15.4%). One of these cases had no evidence of recurrent pathological reflux, 2 cases with preoperative stricture developed wrap disruption, recurrent reflux and re-stricture. Both refused a second operation. The fourth case developed melena and reflux esophagitis due to wrap herniation through the hiatus and was successfully managed by a second operation.

CONCLUSIONS:
Nissen fundoplication is an effective operation to correct gastroesophageal reflux in infants and children when the drug therapy fails. The operation should be done before occurrence of complications to decrease the recurrence of reflux.

15-
University, Mansoura, Eg

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16-


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