

YEAR BOOK®

YEAR BOOK OF DIGESTIVE DISEASES® 1992

NORTON J. GREENBERGER
FRANK G. MOODY

1992

The Year Book of DIGESTIVE DISEASES®

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Journals Represented

Mosby-Year Book subscribes to and surveys nearly 900 U.S. and foreign medical and allied health journals. From these journals, the Editors select the articles to be abstracted. Journals represented in this YEAR BOOK are listed below.

Alimentary Pharmacology and Therapeutics
American Journal of Clinical Nutrition
American Journal of Medicine
American Journal of Physiology
American Journal of Roentgenology
American Journal of Surgery
American Journal of Surgical Pathology
American Surgeon
Annals of Internal Medicine
Annals of Surgery
Annals of Thoracic Surgery
Annals of Vascular Surgery
Annals of the Royal College of Surgeons of England
Archives of Internal Medicine
Archives of Pathology and Laboratory Medicine
Archives of Surgery
British Journal of Cancer
British Journal of Radiology
British Journal of Surgery
British Medical Journal
Cancer
Clinical Radiology
Clinical Science
Digestive Diseases and Sciences
Diseases of the Colon and Rectum
European Journal of Surgery
Gastroenterology
Gastrointestinal Radiology
Gut
Hepatology
Journal of Clinical Gastroenterology
Journal of Clinical Investigation
Journal of Nuclear Medicine
Journal of Parenteral and Enteral Nutrition
Journal of Pathology
Journal of Pediatric Surgery
Journal of Surgical Research
Journal of Thoracic and Cardiovascular Surgery
Journal of Trauma
Klinische Wochenschrift
Lancet
Mayo Clinic Proceedings
New England Journal of Medicine
Proceedings of the National Academy of Sciences
Quarterly Journal of Medicine
Radiology
Scandinavian Journal of Gastroenterology
Southern Medical Journal
Surgery
Surgery, Gynecology and Obstetrics

Transplantation
Transplantation Proceedings
World Journal of Surgery

Additional Journals Referenced

American Journal of Digestive Disease
American Journal of Gastroenterology
Deutsche Medizinische Wochenschrift
Gastro
Gastroenterology International
Gastrointestinal Endoscopy

STANDARD ABBREVIATIONS

The following terms are abbreviated in this edition: acquired immunodeficiency syndrome (AIDS), the central nervous system (CNS), cerebrospinal fluid (CSF), computed tomography (CT), electrocardiography (ECG), human immunodeficiency virus (HIV), and magnetic resonance (MR) imaging (MRI).

Publisher's Preface

As publishers, we feel challenged to seek ways of presenting complex information in a clear and readable manner. To this end, the 1992 YEAR BOOK OF DIGESTIVE DISEASES now provides structured abstracts in which the various components of a study can easily be identified through headings. These headings are not the same in all abstracts but, rather, are those that most accurately designate the content of each particular journal article. We are confident that our readers will find the information contained in our abstracts to be more accessible than ever before. We welcome your comments.

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Injection Sclerotherapy-Induced Ulcers and Strictures

Operations for Achalasia

Surgical Complications in Chagas' Disease

1 Physiology and Pathophysiology

Abnormal Esophageal Motility: An Analysis of Concurrent Radiographic and Manometric Findings

Massey BT, Dodds WJ, Hogan WJ, Brasseur JG, Helm JF (Med College of Wisconsin, Milwaukee; Pennsylvania State Univ, University Park)

Gastroenterology 101:344–354, 1991

1–1

Introduction.—Radiography and manometry are used to evaluate patients with suspected esophageal motor disturbances. These 2 modalities may have a predictable correspondence for some parameters but not for others. Concurrent manometric and videofluoroscopic recordings of swallowing were obtained from 15 patients with diverse esophageal motor disorders. The data were analyzed from a fluid mechanical perspective to determine whether correlates exist between the 2 modalities when abnormalities of esophageal function are present.

Methods.—Diagnoses included hypertensive peristalsis, achalasia, diffuse esophageal spasm, myotonic dystrophy, and unclassified esophageal motor disorders. Each swallow of 153 fluoroscopic sequences containing 165 barium swallows and 125 dry swallows were analyzed individually, as were intervals of nondeglutitive motor activity.

Results.—On fluoroscopy, esophageal transport was seen as a stripping wave transversing the entire esophagus, whereas manometry identified peristaltic action as a pressure wave passing each recording site successively. The tail of the peristaltic stripping wave seen radiologically occurred close in time to the onset of the upstroke of the pressure wave. When lumen-obliterating contractions occurred after wet swallows, intraluminal pressure was segregated into a domain of intrabolus pressure and a spatially and temporally distinct domain of the contracted esophageal segment devoid of bolus fluid. When contractile pressure waves were recorded from lumen-occluded esophageal segments, peak wave pressures were never observed concurrently at manometric recording sites located distally within the bolus-filled esophagus. Specific and consistent correlations were found between radiographic and manometric findings, with the former insensitive to contractions in esophageal segments devoid of bolus fluid and the latter insensitive to contractions that did not occlude the lumen. In patients with hypertensive peristaltic contractions, effective stripping waves were seen radiographically (Fig 1–1).

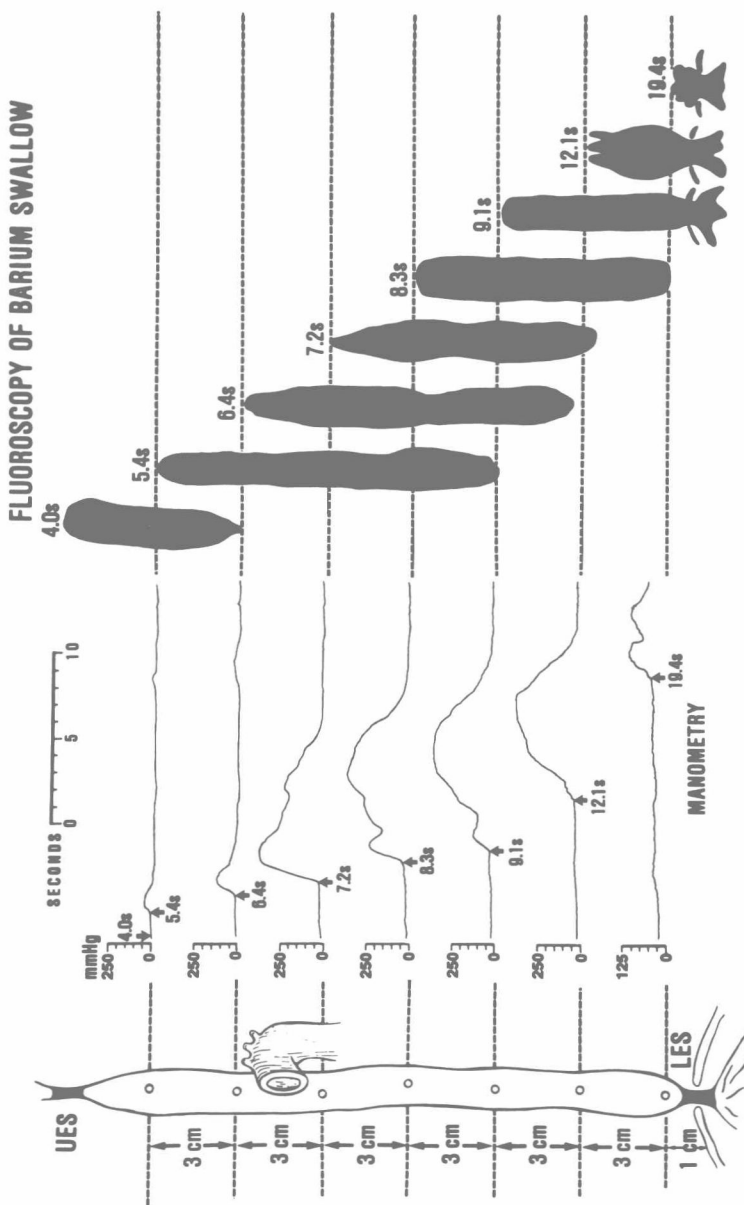


Fig 1-1.—Example of hypertensive peristalsis. As with peristaltic waves of normal amplitude, the tail of the barium bolus passes each manometric recording site coincident with the onset of the peristaltic pressure wave at that site. The prolonged high-pressure contractions are not evident radiographically because barium has been cleared from each site before the maximal pressure waves are recorded. (Courtesy of Massey BT, Dodds WJ, Hogan WJ, et al: *Gastroenterology* 101:344–354, 1991.)