LETTERS TO THE EDITOR

Anal sphincter physiology

EDITOR,—We read with great interest the paper by Roe *et al* (*Gut* 1993; **34:** 382–5) who found no adverse effect on anal sphincters after 3 months of diversion.

Recently we have performed physiological studies on a 70 year old woman who had a defunctioned rectal stump for 13 years. This woman, an immigrant from Russia, had a sigmoidectomy in 1977 for sigmoid cancer. Three years later recurrent anastomatic cancer was diagnosed. Left hemicolectomy with colostomy was performed leaving a rectal stump of 12 cm length. In 1993 she was referred to our outpatient clinic for evaluation before colostomy closure. Her symptoms were rectal pain, bleeding, and discharge with no change during the past 10 years.

Endoscopy showed mucosal erythema, oedema, and friability. Cultures were negative. Histological examination of rectal biopsy specimens showed diffuse chronic inflammatory cell infiltrate. Anal manometry using water perfused manometric assembly with seven side hole catheters was performed. The Table shows the results.

Physiology studies

Anal sphincter length	3 cm
Maximum resting pressure	60 mm Hg
Maximum squeeze pressure (above the resting pressure)	70 mm Hg
First sensation of rectal feeling	30 ml
Maximum tolerable volume	80 ml

The physiological studies show that in this case 13 years of diversion caused exclusion colitis with mild symptoms and with no adverse effect on the anal sphincters.

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Reply

EDITOR,—It was interesting to hear the experience of Lysy and Klar with a patient who had had anorectal defunction for 13 years, but maintained reasonably normal anal sphincter manometry. The maximum tolerable rectal volume is low, but this, one would suspect, is related to the diversion proctitis changes. Although reversal of a stoma in this circumstance may be slightly technically more demanding because of the rectal stump shrinkage, it would seem that even after this length of time one might expect good control based on the sphincter manometry, and the symptoms related to diversion changes should resolve.

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BOOK REVIEWS

Restorative Proctocolectomy. Edited by J Nicholls, D Bartolo, N Mortensen. (Pp 166; illustrated; £49.50.) Oxford: Blackwell Scientific, 1993.

Restorative proctocolectomy for the treatment of ulcerative colitis and, in some cases, as a treatment option for familial adenomatous polyposis is here to stay. Thus, it is timely that there should be an inexpensive, comprehensive text both to describe the operation and its developments since its inception 15 years ago. Restorative proctocolectomy may not be the optimum operation for all patients with ulcerative colitis and certainly not the panacea of sphincter saving procedures for familial adenomatous polyposis. Nevertheless, the operation is now widely practised in Europe and North America. Patients request an operation that avoids a permanent ileostomy and surgeons must be equipped to deal with the modern demands that sphincter saving procedures have made on their choice of surgical procedures.

The book will largely be of benefit to surgeons but it should not be dismissed by physicians providing advice for patients with inflammatory bowel disease. Gastroenterologists should be aware of the outcome of pouch surgery so that they can appropriately inform their patients of the functional results as well as the risk of complications. In particular, the complication of pouchitis should be thoroughly understood by gastroenterologists, thus it is appropriate that this new contribution to the medical literature should provide the reader with information on reservoir pouch ileitis as well as technical details of the operation.

The editors should be congratulated for a well balanced text that provides the following important contributions: (1) A historical account of how the operation first evolved. (2) A most important section on patient selection for the procedure. (3) Details of the surgical techniques of pouch construction. (4) A comprehensive account of the complications that may occur. (5) Particular problems that the surgeons might encounter. (6) The physiological impact of the operation on anal and small intestinal function. (7) A comprehensive review of reservoir pouch ileitis with particular reference to its pathophysiology, aetiology, diagnosis, specific pathological features, and treatment, aspects of which are covered in three separate chapters.

For the surgeon, the chapter on problem solving will be particularly valuable. This highlights technical difficulties that surgeons might encounter during pouch construction and provides the reader with a variety of tricks to overcome potential technical pitfalls. By contrast, the physician will find the chapters devoted to pouchitis, pouch ecology, and pouch pathology to be very helpful when they follow up or are referred back patients who have had previous pouch surgery.

The book is well referenced and thoroughly up to date. The tables and illustrations are clear. The text is concise and all the contributors are acknowledged experts in the field.

This will be an important contribution, particularly as it is unlikely that there will be important changes in the development of pouch surgery in the next decade.

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Liver transplantation: Practice and Management. Edited by J Neuberger, M R Lucey. (Pp 400; illustrated; £34.95.) London: BMJ Publishing Group, 1994.

The editors of this book come from Ann Arbor, Michigan and Birmingham, England, both with extensive experience in clinical and experimental liver transplantation. They have brought together 34 authors to produce a practical volume to aid those taking care of liver transplant patients. There is a wide expertise and, as the authors point out, the book is directed especially towards physicians who are not full time hepatologists to provide them with a background on indications and assessment of patients for liver transplantation, what the procedure entails, and the extremely important and careful aftercare that is necessary to obtain longterm good results.

Although liver transplantation was developed by surgeons and entails an extremely major surgical undertaking, this book is written for the physician/internist and the contributors include only a few surgeons. Nevertheless, the book is clearly written, has useful toned boxes to summarise important aspects of care and diagnosis, and checklists that can be referred to with ease. Advances in organ transplantation are moving very fast and any book of this nature will inevitably be out of date soon but the authors have produced a contemporary compendium of liver transplantation that is easy to read and I am sure will be of use, not only to primary care and specialist physicians but also for physicians and surgeons in training in hepatology and transplantation. They have catered for practices in both the United States and Europe and come up with a very reasonable compromise where there are differences.

On page 145 the use of venovenous bypass is mentioned as if it is standard practice but in fact in many centres it is only used for specially selected cases and it has its own hazards and increased expense. At the top of page 207 there would seem to be an error. The section deals with the drug mycophenolic acid and refers to it as rapamycin, which is a completely different compound.

I felt the treatment of the subject of living donation of portions of the liver was dealt with rather superficially with a bland statement. The subject is important, however, and there has already been one death of a donor. There is the extreme likelihood that soon, if not already, unrelated donors will be used to provide portions of their livers for financial gain, a practice that is unfortunately extremely common in parts of India for kidneys. I can see no reason why this should not apply also to livers when surgeons locally have developed skills in this difficult microsurgical procedure.

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