Discussion

Dr. Julian K. Quattlebaum (Savannah): I have had some experience with hiatal hernia; that is, the abdominal symptoms associated with a defect in the diaphragm that we call the hiatal hernia. We have routinely had these patients and we have found esophagitis in a large percentage. I would like to say that in approximately 200 patients that we have operated on in the last 15 years, 60 per cent of those who had this so-called hiatal hernia had additional upper abdominal pathology, cholecystitis, pancreatitis, duodenal ulcer, and often chronic diverticulitis. I don't believe anybody on earth can determine which one of those conditions caused the trouble.

At operation, when these complications are found, I just do as much as I can, and I believe it is wise to do so, because in some instances where I have left the gallbladder—I've left the hernia—I have had to go back, because the symptoms are identically the same.

I think they are still called esophagitis and hiatus hernia syndrome in essentially two forms, one of which is a large defect, often congenital or traumatic. They seldom give very much trouble, especially the very large ones. I believe the smaller ones with the esophagitis— are just another manifestation of an abnormal papilloserological acid mechanism, very similar to that producing duodenal acid.

I also think that vagotomy is indicated in those patients with hyperacidity and intense esophagitis. The trouble with repairing the hiatus, as Dr. Brantigan has shown—is to make the crura stay together after suture. Sewing through muscle tissue is difficult and the recurrence rate of the enlarged hiatus is terrifically high. I don't think it is necessary to wrap the stomach around and create valves, etc. I think it is important to be sure that the cardia is well down below the diaphragm which will enable you to correct the annular disc very rapidly.

I have been tempted to treat these things with one strong suture taken right at the junction of the esophagus with the lesser curvature of the stomach, and fixing that to the periosteum of the vertebra good and stout, and leaving it there. I think that will cure as many as all this wrapping around, making a tremendous operation out of something that just is unnecessary. I think that we will find in those patients who have recurrences that they invariably have their cardia back up in the chest, and those who patently are well invariably will have the cardia fixed down below the diaphragm, regardless of how large the opening is above it.

Dr. Erle E. Peacock, Jr. (Chapel Hill): I would like to call attention to the fact that there are general visceral afferent fibers in the vagus nerve, and I think this is important in the consideration which Dr. Quattlebaum brought to your attention. With gallbladder disease, pancreatic disease, stomach and colon disease, all can set up a reflex causing shortening of the longitudinally oriented fibers in the esophagus. The symptom of esophagitis is really not a symptom which may lend itself to mechanical amelioration by adjusting things at the diaphragmatic area, if the problem is one of a reflex shortening of the longitudinal fibers of the esophagus, which tend to pull the stomach up into the chest, or at least to enlarge the hiatus.

The vagus is under cerebral control, and another thing, other than organic pathology in the abdomen, which can produce the so-called short esophagus, is cerebral control. People under stress, people in tension tend to have longitudinal spasm of the esophageal muscles, and again the problem is one of a physiological nature which is not necessarily subject to amelioration by a mechanical adjustment at that particular level.

Dr. Otto C. Brantigan (Closing): I would like, however, to point out to Dr. Quattlebaum that I find the aorta between the stomach and the vertebra, and I find it difficult to sew that.

I would like to say to Dr. Peacock that in all the work I have done on the esophagus, not only for esophagitis but for other conditions, I have yet to find a short esophagus. I am sure they do exist, but they have escaped me up to now.