

## Letters to the Editor

July 26, 1976

Dear Editor:

As a humble pediatrician, who admits to being unable to even carve bread straight, I hesitate to criticise any surgeon. However, I doubt that Dr. Spira (April, 1976) should be allowed to claim that there are but 10 cases of spontaneous rupture of the common bile duct in the literature. He might at least have put in the disclaimer that he does not consider pediatrics to be "in." The condition, though rare, is well described in infants and some of the reports are even in proper (*i.e.* adult) surgical journals, *e.g.* Br. J. Surg., 48:532, 1961.

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September 2, 1976

Dear Editor:

The article entitled "Spontaneous Rupture of the Common Bile Duct" in *Annals of Surgery*, Vol. 183 No. 4, page 433, April 1976 reported a single case of a very rare condition. It was the author's intent to supplement the very scarce literature on the subject and to provide some insight into the diverse etiologies of the condition by discussing cases previously reported. Rupture of the common bile duct has been reported very rarely in infants and perhaps these should have been included to make the article an all-encompassing review.

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July 30, 1976

Dear Editor:

Despite several studies reported in the last years,<sup>1-4</sup> the effects of small bowel bypass for obesity on gastric secretion are still controversial.

Recently, Wise, Vaughan and Stein (*Annals of Surgery* 183:259, March 1976) have evaluated gastric secretory function in 20 obese patients before and after the shunt operation. The investigation included a single postoperative determination for each subject, and the interval between surgery and postoperative measurements ranged from six to 23 months. The authors, considering together data obtained in all the 20 patients, found no postoperative increase of HCl output.

Most of the changes following jejunioileal bypass, like intestinal malabsorption, hepatic injury, *etc.*, have proved to be transient. If also gastric hypersecretion which occurs after the shunt procedure is a dynamic phenomenon, a single postoperative determination should clearly be insufficient to detect and even more to define it.

No study has been previously reported including gastric acid output and serum gastrin levels measurements performed on each subject preoperatively and at various time intervals after bypass.

We have recently studied three patients prior to operation and one, four and 12 months after surgery. Gastric hypersecretion occurred early after jejunioileal bypass in our subjects. The increase in gastric acid output, evaluated Student's paired t test, resulted statistically significant one month after operation (mean difference:  $4.06 \pm 1.57$ ;  $p < 0.05$ ). At the same time fasting and meat stimulated serum gastrin levels appeared markedly decreased in comparison with preoperative values. Subsequently, both gastric acid output and serum gastrin concentrations showed a tendency to return to preoperative levels. The return to the preshunt pattern was complete in one patient at 12 months.

In the above mentioned investigation, as well as in most of the others previously reported on the same subject, the patients have not been studied in the first months after bypass, and that could explain why gastric hypersecretion has often partially or entirely escaped observation. However, on re-evaluating the results obtained by Wise and his colleagues, we found that all the four subjects studied six months after bypass (*i.e.* the earliest measurements performed in this investigation) had postoperative increase in

basal gastric acid output (preop.  $1.3 \pm 0.35$  mEq/h; postop.  $2.95 \pm 1.71$  mEq/h), thus confirming our findings. The statistical significance is not reached, in our opinion, because of the small number of cases and the long time interval since operation.

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### References

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July 15, 1976

Dear Editor:

In the February, 1976 issue of the *Annals of Surgery*, you published an article by Dr. Graham Knox entitled, "Peripheral Vascular Anastomotic Aneurysms: A 15 Year Experience." In this article, Dr. Knox discusses the fragmentation of monofilament polyethylene sutures as one of the causes of anastomotic aneurysms. In the accompanying tables, he uses the term "monofilament synthetic" to describe the suture material. It would have been more accurate had Dr. Knox used the term monofilament polyethylene in his tables. I am sure that Dr. Knox did not intend to infer that all monofilament synthetic sutures are alike, but this is the impression that several readers have received from looking at the table, and not reading the article closely.

Polyporphylene (Prolene®) is also a monofilament synthetic suture which has been used by many surgeons for several years. To my knowledge, there has not been an instance of late polypropylene disintegration. In a follow-up study of synthetic sutures in rabbits, Postlethwait found that polypropylene lost no significant strength over a two year period (*Ann. Surg.* 171:892, 1970).

To date, there is no evidence that polypropylene weakens over a period of time as does polyethylene. Thus, it would be erroneous to classify these two

sutures together. While it is always possible that longer follow-up studies may reveal defects in polypropylene, none have been found in ten years of clinical experience. Although *polyethylene* sutures have been abandoned by most vascular surgeons, *polypropylene* continues to enjoy a good reputation as a useful and satisfactory suture material.

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September 10, 1976

Dear Editor:

Small bowel bypass causes a significant alteration in metabolism. Weight loss ensues and tissue catabolism of lipids, proteins and carbohydrates results to meet the metabolic requirements of the patient. We agree with Dr. Scopinaro and colleagues that many of the physiological changes which follow jejunoileal bypass are transient.

Dr. Scopinaro and colleagues have studied three patients prior to operation and at intervals of one, four and 12 months after surgery. They have demonstrated a significant increase ( $p < 0.05$  by a paired t test with two degrees of freedom) in basal gastric secretion at the first postoperative month. They further suggested that in our study the basal secretions in the four patients who were studied before the sixth postoperative month confirmed their hypothesis. Although, as they have observed, the secretory data of these four patients do not demonstrate a statistical significance ( $p > 0.10$  by a paired t test with three degrees of freedom), a statistical difference may have been detected if a greater number of patients were studied.

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November 3, 1976

Dear Editor:

It did seem quite apparent that the text of my article "Peripheral Vascular Anastomotic Aneurysms" clearly defined polyethylene as the material in the monofilament sutures employed. No mention of polypropylene was made. The latter substance, although a polyolefin as is polyethylene, is a polymer of a completely different chemical structure. Ethicon, the