LETTERS TO THE EDITOR

Palliation of malignant dysphagia

SIR,—Dr Barr *et al* are to be congratulated on their work examining the role of laser and laser + intubation in the palliation of malignant dysphagia.[1] We would agree with their conclusion that laser therapy should be restricted to specialist centres, and others have highlighted that, apart from operator expertise, high capital cost is another reason for restricting its availability to designated centres.[2] So what happens to these patients elsewhere? Dissatisfaction with intubation as a palliative technique prompted us to examine the role of endoscopic tumour destruction using ethanol injections. This technique of ethanol-induced tumour necrosis (ETN) has recently been described,[3] and fulfils the criteria suggested by Cox and Bennett for an ideal palliative technique.[4] It is quick, safe, painless, needs only a short inpatient stay, and has a low complication rate. The results achieved compared favourably with all published results of laser palliation. As with laser, apparent complete occlusion of the lumen does not prevent this technique being used. The cost of ETN is considerably less than that of either laser or intubation as there is no initial capital cost and no maintenance cost. The only treatment cost (apart from that of endoscopy) is that of the ethanol for injection. The technique can be quickly learnt by experienced therapeutic endoscopists. We believe that there is an imperative need to institute a prospective randomised trial of laser therapy *v* ETN. If results were comparable, one would have to conclude not as Barr *et al* have stated that 'both techniques [laser and intubation] should be available for the management of patients with malignant dysphagia' but 'first line treatment for palliation of malignant dysphagia is ETN. If this treatment fails treatment by laser or intubation should be considered.'

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1 Barr H, Krasner N, Raouf A, Walker RJ. Prospective randomised trial of laser therapy only and laser therapy followed by endoscopic intubation for the palliation of malignant dysphagia. *Gut* 1990; **31**: 252–8.
2 Myszor MF, Rich AJ, Bottrill P, Record CO. The impact of an endoscopic laser-service on gastroenterological practice. *Q J Med* 1989; **261**: 73–9.
3 Payne-James JJ, Spiller RC, Misiewicz JJ, Silk DBA. Use of ethanol-induced tumor necrosis to palliate dysphagia in patients with esophagogastric cancer. *Gastrointest Endosc* 1990; **36**: 43–6.
4 Cox J, Bennett JR Light at the end of the tunnel? Palliation for oesophageal carcinoma. *Gut* 1987; **28**: 781–5.

Reply

SIR,—We were interested to receive the comments of Mr Payne-James and Drs Misiewicz and Silk on treatment of choice for malignant dysphagia. Their report on the use of ethanol-induced tumour necrosis for tumour palliation[1] provides a hope that a relatively simple technique which would be freely available might provide treatment for patients with inoperable oesophagogastric cancer. As indicated, their work is really at a very preliminary stage and only 11 patients have been treated, whereas our own experience with the laser extends now to 450 cases. No mention is made as to how many of their patients suffer from total obstruction which was not amenable to preliminary dilatation and this is a particularly difficult group to treat with any technique, although the laser has been shown to be just as successful in this group. We have indicated a randomised control of laser against ethanol injection and would hope in due course to indicate the relative efficacy for the two techniques.

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1 Payne-James JJ, Spiller RC, Misiewicz JJ, Silk DBA. Use of ethanol-induced tumor necrosis to palliate dysphagia in patients with esophagogastric cancer. *Gastrointest Endosc* 1990; **36**: 43–4.

Cancer in an ileoanal reservoir

SIR,—The report on cancer in an ileoanal reservoir by Stern *et al*[1] must be evaluated with great care before the published information can be accepted. The implication by the authors is that this is a case of cancer developing primarily within the minute bit of distal rectal mucosa remaining after an ileal-anal anastomosis was performed. On the other hand, there is no reason not to assume that this is a pelvic recurrence from the carcinoma that was resected earlier. The histological picture is that of carcinomatous tubules in the mucosa on either side of a residual small intestinal crypt. This does not tell us if this carcinoma is primary or recurrent. Carcinomas metastatic to or recurrent in bowel wall, virtually anywhere, can secondarily invade mucosa, extending along the skeletal frameworks of pre-existing tubules, thus recapitulating the pattern of a primary carcinoma. Therefore, the question must be asked, how do the authors know for certain that this carcinoma is primary, and not metastatic, in the rectal cuff?

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1 Stern II, Walfisch S, Mullen B, McLeod R, Cohen Z. Cancer in an ileoanal reservoir: a new late complication? *Gut* 1990; **31**: 473–5.

NOTES

Sir Francis Avery Jones BSG Research Award 1991

Applications are invited by the Education Committee of the British Society of Gastroenterology who will recommend to Council the recipient of the 1991 Award. Applications (**15 copies**) should include:

(1) a manuscript (2 A4 pages *only*) describing the work conducted;

(2) a bibliography of relevant personal publications;

(3) an outline of the proposed content of the lecture, including title;

(4) a written statement confirming that all or a substantial part of the work has been personally conducted in the United Kingdom or Eire.

The Award consists of a medal and a £100 prize. Entrants must be 40 years or less on 31 December 1991 but need not be a member of the BSG. The recipient will be required to deliver a 40 minute lecture at the Spring Meeting of the Society in Manchester in 1991.

Applications (15 copies) should be made to: The Honorary Secretary, BSG, 3 St Andrew's Place, Regent's Park, London NW1 4LB *by 1 December 1990.*

Cellular and molecular bases of liver cirrhosis

An international conference on 2–5 July, 1991 in Rennes, France, sponsored by the Institut National de la Santé et de la Recherche Médicale (INSERM), will provide an overview of current research in liver cirrhosis. For further information please contact: Dr B Clément and Dr A Guillouzo, programme coordinators, INSERM U 49, Unité de Recherches Hépatologiques, Hôpital Pontchaillou, 35033 Rennes Cedex – France. Tel: (33) 99.54.37.37. Fax: (33) 99.54.01.37.

British Society of Gastroenterology Annual Meeting

The 1990 Annual Meeting of the British Society of Gastroenterology was held at the University of Southampton from 26–28 September 1990 under the presidency of Dr Roger Williams. The meeting opened with the customary half day teaching session on the optimistic theme of 'New therapies in gastroenterology'; thereafter the traditional format of the scientific meeting was altered, most notably by the disappearance of the plenary session (until, presumably, it is reinvented by our successors as a radical innovation), and the inexorable expansion of the poster sessions to cover the three days of the meeting. The professional preoccupations of the president were reflected in the invitation to Professor J-P Benhamou to give the Sir Arthur Hurst Lecture on 'Prognostication in acute and chronic liver disease.' New toys for gastroenterologists were the subject of the Endoscopy Foundation Lecture by Dr M Sivak on 'Electronic endoscopy,' while the problems of pocket money with which to buy them were embodied in the Keynote Address by Mrs Virginia Bottomley, Minister for Health. A watershed year in international relations was recognised by the presence of the presidents of six gastroenterology societies from Eastern Europe as guests of the Society. The maritime setting (another presidential predilection) of the meeting was marked by a reception at the Naval Heritage site – a salutary experience for the omphaloscopists – which closed with the Beating the Retreat by HM Royal Marines Band and the subsequent retreat of the delegates to the water for a cruise along Southampton Water. On the following evening, the Conference Dinner was firmly planted on *terra firma* in the Guildhall. And so to 1991.