India Elsewhere

Bhatnagar BNS, Sharma CLN, Gautam A, Kakar A, Reddy DCS (Departments of Surgery and Preventive and Social Medicine, Institute of Medical Sciences, Varanasi and Department of Surgery, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry). Gangrenous sigmoid volvulus: a clinical study of 76 patients. Int J Colorectal Dis 2004;19:134-42

Sigmoid volvulus has a high mortality if there is associated gangrene. The aim of this retrospective study was to identify the risk factors for survival in this disease and implications of the extension of gangrene beyond the areas under constriction.

76 patients (62 men; mean age 47 [14.3] y; mean duration of symptoms 3.7 [2.7] days; shock on admission 45%; previous episode of volvulus 23.5%) with gangrenous sigmoid volvulus were studied. In 44 patients (73%) the gangrene was confined to the area of constriction, in 11 it extended into the upper rectum, and in 5 it also extended into the descending colon. In 11 patients (15.5%) the sigmoid was involved in knotting with ileum. In 7/11 patients the ileum was also gangrenous. Patients presenting with symptoms longer than 3 days were unlikely to have gangrene of both the sigmoid colon and ileum. It was not possible to predict the pattern of gangrene on the basis of preoperative clinical parameters.

Following resection of the sigmoid colon, 40 had surgery to restore continuity of the bowel while in 36 it was non restorative. Overall mortality was 42%, of which fatal abdominal causes were anastomotic leak with peritonitis (n=2), fecal fistula (3) and wound dehiscence (2). Mortality of patients with ileosigmoid knotting was 64%, while in those without knotting it was 38%. Addition of colostomy did not improve survival. Risk factors for mortality included age over 60 y, shock at admission, and development of gangrene in a recurrent attack.

The authors conclude that occurrence of gangrene beyond the confines of the area under the twist is quite common. They recommend that all patients with non gangrenous volvulus should have a recurrence-free procedure carried out immediately or electively.


Endoscopic balloon dilatation (EBD) has been used in the treatment of peptic gastric outlet obstruction (GOO) with variable results. The authors report their experience with EBD in treating peptic and non-peptic GOO.

23 patients (16 men; mean age 48.0 [15.7] y; mean duration of symptoms 3.1 [1.3] mo) with benign GOO (peptic ulcer 11, corrosive 8, chronic pancreatitis 4) underwent EBD using through-the-scope dilator, starting with 8 mm balloon and then sequentially every week till 15 mm dilator. Helicobacter pylori was eradicated in patients with peptic GOO who were infected with it, and all patients with peptic GOO received lansoprazole for 3 months following EBD. All peptic (1-3 EBD sessions, mean 2 [0.6]; mean follow-up 14.0 [9.8] mo) and corrosive-induced (2-9 sessions, mean 5.6 [2.9]; mean follow-up 21.1 [6.9] mo) strictures could be dilated to 15 mm with relief of symptoms and good response on follow up. Patients with pancreatitis-related GOO failed to respond despite mean 5.5 (0.6) dilatations and required surgical bypass. There were no major complications.

The authors conclude that a good response can be expected in the majority of patients with peptic and corrosive-related GOO after EBD; however, poor results are noted for chronic pancreatitis-related GOO.

Das K, Kar P, Gupta RK, Das BC (Gastroenterology Division, Department of Medicine and Division of Molecular Oncology, Institute of Cytology and Molecular Oncology, Maulana Azad Medical College, New Delhi). Role of transfusion-transmitted virus in acute viral hepatitis and fulminating hepatic failure of unknown etiology. J Gastroenterol Hepatol 2004;19:406-12

Many cases of sporadic acute viral hepatitis (AVH) and fulminating hepatic failure (FHF) cannot be explained on the basis of the A-E viruses. The authors evaluated the role of the transfusion-transmitted virus (TTV), a non-enveloped circular single-stranded DNA virus, as an etiologic agent for cases of AVH and FHF, by detecting the TTV DNA sequences by PCR using primers derived from the UTR (A) region (NG132/134 and NG 133/147).

61 patients (AVH 36, FHF 25; mean age 29.2 [12.11] y) and 50 healthy blood donors underwent serological tests for hepatitis viruses A, B, C and E, and PCR in the serologically-negative cases. TTV DNA was detected in 80.6% of AVH patients, 76% of FHF patients, and 52% of blood donors (p<0.05). TTV infection among non-A-G hepatitis patients was 71.4% (10/14) in AVH cases and 24% (6/25) in FHF patients. Prevalence was highest in the age group 21-30 years in AVH patients, and more than 30 years among FHF patients. TTV infection was more frequent than the other viruses. No difference in symptoms, clinical course, liver function, risk factor profile, and mortality rates (in FHF) was found between TTV-positive and -negative patients, with or without coinfection.

The authors conclude that though TTV infection is frequent in the Indian population, its pathogenic role in liver disease could not be established.

 Compiled by Sundeep Shah