Thorax 1983;**38**:560

Correspondence

Jejunal bypass of the cardia for benign stricture: report of six cases

SIR,—We read with interest the paper from Professor John Borrie and Dr Richard Bunton (January 1983, pp 31–5) reporting their experience using jejunal bypass for benign lower oesophageal stricture. It was not clear whether these were six consecutive cases. We have recently reviewed this operation in the unit in Belfast over the five-year period 1973–8 in 21 consecutive cases, with less encouraging results.

There were 14 men and seven women with an average age of 61 (range 21–77). The early mortality (within one month) was 29% (six patients), with four deaths directly related to the procedure (three oesophagojejunal anastomotic leaks, one haemorrhage). There were four unrelated late deaths. The remaining 11 patients have been followed up for a minumum of five years (range 5–10 years). Four patients report mild or severe dysphagia (two requiring further treatment) and two patients have continuing reflux symptoms.

In contrast, in the same period 17 consecutive patients of similar age (average 62, range 36–81) had colonic segments interposed after excision of the stricture with no early mortality. There were five unrelated deaths, and 12 patients have been followed up for at least five years, three of whom report mild dysphagia on occasions and only one has even minor reflux symptoms.

In the light of this experience of these two operations we feel that jejunal bypass is potentially hazardous and we would advocate the safer and more effective operation of colonic interposition.

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This letter was sent to Professor Borrie who replies below.

SIR,—In reply to the letter of Mr Hamilton and Mr Keenan, the patients described were consecutive patients and none was excluded from the series.

It was my great fortune and privilege to be trained in this procedure by Philip Allison at the General Infirmary, Leeds, in the last half of 1947. His comment then was that using jejunum the loop requires careful fashioning. Time and experience have not changed that view. These cases were all dealt with by the one operator (JB).

One notes with interest the early mortality at the Royal Victoria Hospital—"early mortality of 29% . . . with four deaths directly related to the procedure (three oesophagojejunal anastomotic leaks, one haemorrhage."

Anyone contemplating this operation should refer to reference 5 of our paper (*Br J Surg* 1953;**41**:173–80).

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Notices

British Thoracic Society: future meetings

8–9 December 1983	Birmingham: Metropole Hotel (NB Abstracts required by mid-September)
7–9 May 1984	Adelaide: joint meeting with Australian Thoracic Society
4–6 July 1984	Brighton: Metropole Hotel
6–7 December 1984	London: Kensington Town Hall
3–5 July 1985	University of York

Second European Conference on Clinical Oncology and Cancer Nursing

The 2nd European Conference on Clinical Oncology and Cancer Nursing will be held in Amsterdam from 2 to 5 November 1983. All the European scientific oncology societies will be represented at this multidisciplinary conference. Details from the Conference Secretariat, Organisatie Bureau Amsterdam bv, Europaplein, 1078 GZ Amsterdam, The Netherlands (tèl 020-440807; telex 13499 RAICO nl).